Implementing NVQs in small and medium enterprises : the experiences of candidates, assessors and managers in small residential care homes in the independent sector

Thesis

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'Implementing NVQs in Small and Medium Enterprises: the experiences of candidates, assessors and managers in small residential care homes in the independent sector'

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Abstract

The research study examines the implementation of National Vocational Qualifications (NVQs) within small and medium enterprises. NVQs have been in existence for ten years yet they continue to receive criticism from academic circles and implementation by employers has been slow.

The small residential care sector was selected because it has many characteristics in common with small businesses in general: the sector has grown because of recent care legislation; it is dependent on larger local authorities for client referrals; it employs mainly women on a part-time basis; and it lacks a traditional training pathway for unqualified staff.

Using a qualitative, case study approach, seven workplaces were visited over the period of a year. Candidates, assessors and managers were interviewed regularly to assess their feelings and progress and to determine the factors which affected their experiences of NVQ implementation. Four main areas were explored using a theme analysis framework - progress, progression, standardisation and financial issues.

The findings indicated that implementation in small workplaces was problematic for all involved. Unless a training culture was already in existence, insufficient resources were provided to support and facilitate progress both physically and emotionally. Consequently, assessors and candidates involved with NVQs were quite negative about their experiences which reduced the value placed on the qualification by the participants and their managers. Despite being a 'national' qualification, the growing deregulation in both care and training has resulted in market place competition which has had consequences for the standardisation and costs of training programmes. The voluntaristic nature of employer investment in training, and the lack of care legislation to make training an obligatory aspect of home registration, has resulted in a low uptake of NVQs in small businesses because of the costs involved in assessment time.

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Chapter 1 Introduction

This research study examines the implementation of National Vocational Qualifications (NVQs) in small enterprises within the independent care sector - an area where very little qualitative work on NVQs has taken place. As well as seeking to determine the factors that affect successful implementation, some of which have general significance while others are specific to care, it explores the experiences and feelings of the candidates, assessors and managers involved in NVQs - an aspect which is frequently overlooked in studies of implementation. The study is based on interviews over a period of a year in seven residential homes. This chapter will introduce the study by summarising the literature background, discussing my personal reasons for deciding to undertake the research and outlining the research focus, methodology and the contents of the thesis chapters.

1.1 Background to the study

The publication of *'A New Training Initiative: a consultative document'* (MSC, 1981) heralded a major reform of vocational education and training. Britain's traditional training routes were considered to be outdated in relation to the changing patterns of international productivity and competition. Consequently, the document argued that the workforce needed to become more highly skilled and technically competent. Further White Papers (DOE, 1981; DOE,DES, 1984, 1985) outlined a number of measures which introduced the concepts of standards and competence which were to feature strongly in the subsequent NVQ development.

The need to develop a coherent vocational qualification system based on competence in the workplace led to a review of training which resulted in the *'Review of Vocational*

Qualifications in England and Wales' published in 1986. Though the initial objective of the 1986 Review was to address the youth training market because of the growing problem of youth unemployment, concepts of transferability, transparency, progression and accreditation of prior learning were introduced to demonstrate the expected cohesion and applicability to the workforce in general.

Following the Review, the development of the National Council for Vocational Qualifications (NCVQ) and the subsequent NVQ structure introduced a new training pathway. Similar developments took place in Scotland with the Scottish Vocational Education Council (SCOTVEC) and Scottish Vocational Qualifications (SVQs). The design of the skills-based framework was expected to facilitate future flexibility as working requirements changed with economic needs - a concept which appealed to employers who supported the new initiative.

At the same time, significant changes were taking place in working practices made possible by reforms in industrial relations and the shift towards a market economy. In order to be responsive to market forces, employers became more flexible in their use of labour - a strategy which has continued. Large organisations concentrated on maintaining their core activities and staffing requirements and out-sourced their peripheral needs by subcontracting to smaller enterprises. An important consequence of this change was a significant growth in small and medium enterprises (SMEs) with nearly 9 out of 10 firms in Britain employing less than 25 employees (ONS, *Annual Employment Survey 1995*).

Defining an SME is complex because the main criteria may involve financial turnover, balance sheet total or the number of employees depending on the source of the data and

the business sector (see DTI, 1998). For example, the DTI defines a 'micro firm' as one having 0-9 employees; a 'small firm' as 0-49 employees (including micro); and a 'medium firm' as 50-249 employees (ibid. p.1). However, the European Commission has proposed a single definition for Community programmes which includes financial criteria : 'micro' - maximum of 10 employees (no financial conditions); 'small' - maximum of 50 employees (turnover 7 mecu); and 'medium' - maximum of 250 employees (turnover 40 mecu) (ibid. p.2). Within this study, the criteria for defining SMEs relates to the number of employees in line with the DTI definitions. As such the workplaces represented micro, small and medium enterprises with employee numbers varying from under 10 to over 50.

The growth in SMEs allowed greater flexibility for larger organisations which employed or subcontracted the SMEs as the need arose without the associated overheads involved in maintaining their own departments. However for the smaller businesses, a 'dependency culture' developed as their own success related closely to their relationship with the larger organisations purchasing their services. The consequences of this for employees within SMEs was a potential for less job security, lower wages and a need to be part of a flexible army of part-time workers whose hours could fluctuate depending on workplace demands. Despite this general work instability, many women were willing to risk the insecurity in return for part-time employment which 'fitted in' with their other domestic responsibilities. In 1994, women represented 85% of part-time workers (CBI,1994a, p.6) and are expected to make up over half the working population in 2001 (Skills and Enterprise Network, 1995). This trend has been encouraged by a growth in the service sector, traditionally perceived as female-orientated, and a decrease in the male-dominated manufacturing sector which has nearly halved since 1960 (DTI, 1995, p.103).

Given the changing nature of employment and the need for rapid responses to economic markets, a national training programme to ensure that the workforce could both perform to stated standards and have the ability to modify and absorb future needs, was seen as a positive move. However, Britain's poor record in investing in training along with the voluntaristic nature of employer involvement has resulted in a limited uptake of NVQs. This pattern is worse in SMEs where the NVQ adoption rate is very low and has been of concern given the growth in the size of the sector and the associated increase in part-time, female workers who traditionally have had the least opportunity to access training.

1.2 NVQ development

Since 1986, the NVQ framework has developed to cover over 90% of occupations at five levels - level 1 being competence in 'the performance of a range of varied work activities, most of which may be routine and predictable' to level 5 which confirms competence over a wide range of activities which require 'significant responsibility for the work of others and for the allocation of substantial resources ... substantial personal autonomy ... and personal accountabilities for analysis and diagnosis, design, planning, execution and evaluation' (NCVQ, 1996, pp. 5-6).

Accordingly, the NVQ system has had ten years in which to stabilise. However, criticisms of the competency based model of assessment have continued throughout this time culminating in the Capey Report (1995) and the Beaumont and Dearing Reports which were published in 1996. These reports were undertaken to review the provision and design of vocational qualifications in order to improve the presentation and effectiveness of the competency based system. The reports also made recommendations for future approaches in an attempt to improve the credibility of the system, recover

employer confidence and increase the take-up of the initiative. As a result, revised standards are being introduced in 1998 for many occupational areas.

In 1997, a number of changes took place at Council level with NCVQ merging with the School Curriculum and Assessment Authority (SCAA) to form the Qualifications and Curriculum Authority (QCA). In Scotland, SCOTVEC and the Scottish Examination Department (SED) merged to become the Scottish Qualifications Authority (SQA). Industrial Lead Bodies (ILBs) are also in the process of becoming National Training Organisations (NTOs). The consequences of these changes, along with a change in government, have yet to be determined. However, the workplace route to qualifications is likely to continue so this research should continue to be of value.

1.3 Personal reasons for undertaking the research

Before undertaking the research, I had been involved professionally with NVQs in the care sector. Originally, I had trained in nursing and more recently had been involved in care management and social care training in colleges of further education. The idea of offering NVQs to care workers was greeted enthusiastically by the care sector and was of great personal interest. I became involved with a local assessment centre offering NVQs in care - initially as an employer considering NVQs for workers, then as a peripatetic assessor, internal verifier, and trainer for care and assessor awards. Most of the workplaces using the centre tended to be small, residential units staffed by mature workers who had adopted NVQs in order to improve the quality of care in their establishments.

Part of my work with the centre involved carrying out an annual telephone survey of candidate progress as part of a quality assurance exercise. The report of the findings

was distributed to the associated awarding bodies as well as the centre management board -which subsequently provided me with credibility and support from these bodies in relation to this research. Candidates and assessors who were progressing well were enthusiastic about the NVQ experience. However, the findings demonstrated immediate issues of concern regarding slow rates of progress, poor assessment practices, employers not valuing the NVQ and the costs involved in training and resourcing assessment time in the workplace. It became clear that the use of assessment in the workplace as a cost effective method of determining or developing competence was proving anything but the case, particularly for the very small workplaces which had only one or two staff on duty at any given time.

These problems were further complicated by deeper, structural issues which could affect the successful implementation of NVQs. For example, care work is seen as a 'gendered' occupation and is mostly performed by middle-aged, part-time, female workers who often have limited previous experience of successful education. For some candidates, this previous negative experience reduced their motivation to undertake further training. Also, the unpredictable nature of care has implications of 'flexibility' at the point of care delivery which limited the ability to find and resource time away from the normal job for planning, assessment, feedback and knowledge development. The variation in the size and staffing of workplaces had implications for internal industrial relations with respect to choosing assessors and candidates, and arranging appropriate shift cover to facilitate meetings and assessment. In the absence of such provision, some appointed assessors lacked confidence in their role; felt unable to provide the necessary support and instruction to their candidates; often felt unable to refuse to become assessors or admit their concerns; and had dual roles as supervisors or managers which led to role conflict.

Some managers appeared not to value the NVQ as highly as a day-release college course and did not seem to support and encourage progress by formally allowing NVQ time within the working day or by recognising success. Emotionally, this caused some frustration and disappointment for those willing to undertake the NVQ because they felt that the qualification was not viewed as important by the person who was in control of the resources required to facilitate success or failure of the NVQ process.

As a result of the findings and mixed emotions triggered by the attempts to implement the NVQ in these small establishments, I was interested to see if the experiences of this centre, which was considered to be a quality 'flag ship' by the awarding bodies, was exceptional for some reason or was similar to experiences in other workplaces, assessment centres and, perhaps, also in other occupational sectors. Given that this centre had a well developed quality and support system and was still unable to facilitate successful NVQ progress, was the problem related to some flaw in the centre's approach or was it an indication of a potential design problem with the NVQ itself which made implementation problematic? In either case, what happened in other centres where monitoring systems were less well developed? While the quantitative studies had demonstrated problems, they provided little information on their depth, complexity or intractability. Also there was no way of obtaining information about the relative effectiveness of different models of NVQ delivery. To access this sort of information, qualitative techniques would be required.

1.4 The care sector

Because of this previous experience, I was naturally attracted to researching in the care sector because I was familiar with the culture, I had some status and contacts with 'gatekeepers' and I understood the occupational standards for the area. However, the

care sector covers a large occupational area with varying organisational employment patterns and required some exploration in order to identify an area that would illustrate the changing patterns of employment introduced in section 1.1 - mainly a growth in small workplaces; an employer of female, part-time workers; and a financial dependency on larger organisations.

In the community, physical care and support are provided by two main sources - the *statutory services* which includes the National Health Service (NHS) and Local Authority Social Services (LA/SS) and the *independent sector* made up of private and voluntary agencies. The statutory services are obliged to provide their services by law whereas the independent sector (non-statutory) has developed to fill the gaps not provided by the statutory services or to provide services for the larger statutory organisations under a subcontracting, service agreement, for example, residential care of the elderly. Care provided under the NHS is generally free whereas care from social services is usually means tested.

Care work is staffed at a professional level in the statutory services by registered nurses in the NHS and by social workers in the local authority. However, in both statutory and independent sectors, most services are dependent on unqualified care workers who support the professionals and in some areas may be expected to work alone depending on their job role. These jobs are often performed by female employees.
Because of their statutory status, the larger organisations have designated training budgets, their own training departments and a commitment to offer training to staff at all levels. In contrast, the independent sector has no such budget and has to design and invest in training systems within their own workplaces by using profits or grant money.

Taking account of the differences between the two sectors, the independent sector fitted the criteria for the study for a number of reasons:

- ***Growth area.*** The independent care sector has grown considerably since the introduction of various legislative changes in the 1980s which altered the funding arrangements for care in independent homes. After the *1983 Health and Social Services and Social Security Adjudications Act*, the number of residential homes grew by 260 percent over a ten year period to 1986. This trend towards the independent sector was confirmed by the *NHS and Community Care Act 1990* (DOH, 1990), which obligated local authorities to purchase the majority of their community care requirements from external, non-statutory agencies. This, along with the changing demographic patterns, indicated a potential growth in the need for residential and nursing care. Hence the importance of examining the delivery of NVQs in the area.

- ***Part-time, female staff in small workplaces.*** I knew from experience that small, residential homes tended to be staffed by untrained, part-time, female workers but I was unsure of the average size of the establishments and staffing regulations for the residential sector. Laing's (1995) extensive studies of residential care confirmed that many residential homes are very small establishments which average a sixteen bed registration.

- ***Dependency on large organisations and the need for training as a quality indicator.*** The non-statutory, residential homes are dependent on the local authority for inspection, registration and referrals of clients. Recent legislation has encouraged a market place for care. In a sector without a traditional training pathway, managers

have started to offer NVQs to care staff as a way of demonstrating a commitment to quality for the inspection units. However, because of a lack of government training funds in this sector, any decision to implement training has economic consequences for the organisation. As many of the homes experience financial instability because of their dependence on the local authority for client referrals, there is a potential tension between adopting NVQs as a quality indicator and actually implementing NVQs effectively given the resourcing requirements needed to facilitate progress.

- ***NVQ implementation issues.*** The small size of the workplaces offers a greater challenge in trying to organise training or assessment because the managers often have to act as assessors. Moreover, unlike some other sectors, NVQs in care have to be assessed in the workplace and not in a realistic working environment (RWE). This adds to the supervisor's work load because s/he has to extend her role to include assessor responsibilities often without any remission time from other duties.

- ***Assessor's knowledge base.*** The final part of the decision to select residential homes for the case study was that home managers are not required to have nursing qualifications as is the case with nursing homes. The owner/managers must be assessed by the local authority to determine whether they have a caring background and appropriate management and financial skills but they do not have to have formal professional qualifications. As a result, there is a potential issue about the depth of understanding of the value base and underpinning knowledge requirements of the care standards that cannot be addressed purely by the nature of having care experience.

The non-statutory, small, residential care sector had the necessary characteristics exhibited by many other small workplaces. In addition, the sector had no traditional training route for care workers so the experience of NVQ implementation in the homes was of particular interest.

1.5 Focus of the research

In broad terms I hoped to (a) identify the factors, both positive and negative, which affected the implementation of NVQs in small workplaces in the independent care sector and (b) determine what the participants in the NVQ process - the candidates, assessors and managers - thought and felt about the process. The first of these aims was concerned primarily with identifying factors within workplaces which facilitated or inhibited the implementation of NVQs in small businesses and those factors in the external environment which impacted on the delivery of NVQs. The second aim was to explore how the people at different levels in the system felt and responded to the NVQ process. What were their perceptions of the NVQ? What were their motivations for undertaking NVQs? What did they think about their progress? Did candidates want to get a national qualification? If so, why? Did they hope to use the qualifications for progression to further training or promotion? Did assessors welcome their new role? Why did managers adopt NVQs for the workplace? How did they value the NVQ after implementation? Did they find NVQs a cost effective way of training staff? And, crucially, how did feelings and attitudes affect implementation? My own past experience in the care sector and within one assessment centre had provided some indication of the factors that affected implementation. However, it seemed appropriate to approach this study from a different perspective. Therefore, I decided to concentrate on factors affecting progress rates for candidates undertaking an NVQ. This provided a

focus which allowed me to explore both the factors facilitating and inhibiting progress and allowed a comparison between different assessment centres and workplaces.

A second line of enquiry was concerned with progression pathways. I was interested in knowing how managers decided on which candidates had access to NVQs and at what levels, and whether achieving an NVQ opened up new opportunities for the candidates either within the workplace or by providing access to further or higher education. This would give some idea of the value placed on the NVQ in the internal labour market and also its wider acceptability either in education or in the employment market - both of which were likely to affect the commitment of candidates to NVQs and thus be a factor affecting implementation.

NVQs are a national qualification and therefore need to be implemented consistently to the same standards across all assessment centres. Accordingly, a third line of enquiry focused on how standardisation was addressed by awarding bodies, assessment centres and the assessors and candidates. This also provided an opportunity to explore the factors affecting the assessors' work in small businesses. The fourth line of investigation focused on the cost of implementing NVQs. Previous experience and research indicated that this was a major factor affecting employers' decisions on whether or not to implement NVQs. All of the workplaces being investigated had decided to adopt NVQs but for many the objectives behind offering NVQs were vague. I was interested in finding out to what degree costs influenced the effectiveness of implementation in the workplace either in relation to resourcing assessment and training or by determining the number of candidates involved in NVQs at a given time. Another area of interest was the effect that competition in both the care and training markets

might have on the choices made by managers regarding awarding body and assessment centre selection.

Each line of enquiry was concerned with factors affecting the implementation of NVQs and with the views and perceptions of the people involved. While discussing the main areas of investigation as separate entities, as the research developed it became evident that the areas of enquiry were interrelated in their effects on implementation.

The collection of data for the main body of the research took place over a year. Therefore, it was possible to track changing perceptions as people became more familiar with the process and to observe the practicalities of undertaking NVQs in small workplaces where the employees were female, worked part-time because of family commitments and also had the added issue of covering 24 hour periods of care by shift work which might limit access to their assessor.

1.6 The research approach

The study methodology is explored in more depth in a later chapter therefore this section offers a short overview of the main approach. My previous experiences with a quantitative methodology left me with some unanswered questions and limited my access to the 'full story'. Therefore qualitative techniques, with interviewing as my primary research method, were chosen for the study in order to get 'below the surface' of what people were telling me and to provide a means of being flexible and adaptable in my approach as the data developed.

A number of workplaces were selected as a multi-site case-study. Managers, assessors, candidates, internal verifiers, assessment centre managers and awarding body key

personnel were interviewed individually throughout the study. Concerns about using a formal, 'clinical' interview approach led me to using 'active' interviews in order to encourage the development of non-threatening relationships - a strategy supported by Finch (1993), Oakley (1993) and Holstein and Gubrium (1995). A number of other research tools were also used throughout the study: diary accounts; documentary analysis and observation of NVQ-related activities; observation of the interpersonal relationships within the workplaces; and interviews with key personnel from the awarding bodies and NCVQ. Using a number of techniques allowed triangulation and improved validity.

The research was conducted in two main phases - preparatory and main study.

Phase 1 - the preparatory phase covered the first year of the research. This involved reviewing the literature; visiting other occupational sectors; carrying out a pilot study; refining the research tools; and developing and maintaining professional contacts. Some survey work was conducted towards the end of this phase to facilitate: (a) further data collection which was used to broaden my perspective and support the eventual qualitative findings; and (b) as a means of recruiting centres for the main study.

Phase 2 - the main study. Three assessment centres and seven workplaces were selected which demonstrated different funding arrangements and approaches to NVQ development and implementation. The workplaces offered level 2 NVQs in a residential setting and had been involved with NVQs for at least eighteen months. Following introductory visits, discussion of the research protocol and negotiation of research agreements with all the participants, eight assessors and fourteen candidates were interviewed over the period of a year. Assessment centre managers, workplace managers and internal verifiers were interviewed at least once during the study.

Interviews were tape recorded and transcribed. A 'theme-analysis framework' was used to analyse the data from the perspectives of the participant and the focus area. Within each research area, a number of parameters were developed as the interviews progressed based on negative and positive constructs mentioned by the participants. Any changes or additional new parameters were recorded at each analysis following a visit. The design of the record sheet allowed the data from progressive visits to be recorded on the same sheet which assisted with a visual analysis of trends as well as transcription coding (Appendix B).

1.7 Writing style

In keeping with tradition and my previous writing experience in health and psychology where a 'scientific' approach is the norm, I expected to write the thesis in the third person as 'the researcher'. However, as the research developed and I became more familiar with qualitative methodology, my early attempts at writing proved that this was inappropriate. The emotions of the participants, their hard work and the relationships which I developed with them were such an integral part of the research and the findings that I found it impossible to feel comfortable writing in the 'third person'. I hope that by writing in a more 'user-friendly' style I will be able to portray more sympathetically the responses of the participants and share their experiences more easily with the reader. By writing in a less formal way, I hope that the findings might be read by NVQ users as well as the academic community in order that the work might influence the NVQ process in some small way. To my knowledge, very few qualitative studies of care sector candidates in their own workplaces have been carried out so the originality of the research should prove useful to the awarding bodies who are aware of the study.

Finally, to support this argument a quotation:

> 'Unless absolutely forbidden to do so ... write in the first person. Put yourself squarely in the scene, but don't take center stage ... Write for your peers. Pitch the level of discussion to an audience of readers who do not know what you are talking about.' (Wolcott, 1990, p. 47).

1.8 Content

The content of the thesis is as follows:

Chapter 1 provides an introduction to the area of research, discusses the focus of the study and summarises the methodology used in the research. Chapter 2 begins the reviews of the literature by examining the development of flexible working practices and the perceived need for a national competency-based training scheme. Chapter 3 introduces the development of the NVQ system. As well as detailing the organisation of the NVQ framework, the chapter reviews the literature pertaining to the potential problems and weaknesses of the British model. The suitability of the NVQ system is explored with particular reference to its attractiveness to employers and workers.

Having provided the contextual background to general working practices and NVQ development in Britain, Chapter 4 introduces the care sector, residential care and the issues around implementing NVQs within very small care workplaces. While the sector reflects the characteristics of many small organisations, it has additional problems in offering training because of its need to provide 24 hour periods of care, the values inherent in care practice and the complexity of the NVQ requirements. Chapter 5 discusses the methodology used for the research. Chapter 6 presents the findings of the study and chapter 7 reviews the methodology, discusses the study in relation to the focus of the research and literature review and outlines recommendations and suggestions for further research.

Chapter 2 Changes in working practice - the need for flexibility

Britain has experienced extensive changes in production methods and working arrangements over the last thirty years. Heavy manufacturing industries have been superseded by a growing, technologically-driven service sector with associated changes in workforce planning and skills requirements. In this chapter, the literature relating to these changes will be reviewed in order to explain the background to the perceived need for a national qualification framework based on occupational standards. As well as major changes in production methods, other developments have involved deregulation; the need for flexibility and multi-skilling; a growth in small and medium enterprises (SMEs); and, as a consequence of predicted demographic changes, an increase in part-time, mainly female workers in the economy. Changing skills needs and worker profiles require a training investment by employers. However, inequalities in accessing available training resources are experienced by some minority groups, in particular, female, part-time, low skilled workers. This is of concern because this group now forms a significant part of the workforce.

2.1 Changing Patterns

With the recession of the 1970s and the growing 'British Labour Problem' associated with the obstructive attitudes of manual workers, trade union influences (Dickens and Hall, 1995) and low productivity, Britain was considered to be economically disadvantaged and heading towards failure (Esland, 1990; Cutler, 1992). The structure of manufacturing was changing and the traditional 'Taylorist' and 'Fordist' approaches were no longer sufficient to maintain successful productivity and economic advantage

(Atkinson and Meager, 1990). The mass production of standardised items and the 'conveyer belt' deskilling process of work led to 'high labour turnover, shopfloor resistance and strikes' (Murray, 1990, p. 59). This was compounded by the hierarchical management structures which limited innovation and flexibility (ibid.). The market was beginning to demand customised products which required production methods to change quickly if they were to fulfil the 'just in time' requirements of the economy. Increasing automation resulted in changes to production being achieved quickly and effectively by reprogramming equipment - a more cost-effective approach compared to retraining personnel. The associated need for a multi-skilled core workforce to supervise and develop production control contributed to the demise of the traditional Taylorist methods (ibid.). The dependency on capital and equipment, rather than the traditional Fordist organisation, meant that production could be moved globally to areas that provided cheaper 'set up' and labour costs. Consequently, some labour-intensive industries were transferred to Third World Countries (Raggatt, 1993; Freeman R, 1997).

The demise of the heavy manufacturing plants led to an associated unemployment problem, particularly among young people, because employers were unable to offer the traditional apprenticeships in the larger sectors as production demand decreased (Unwin, 1996; Williams and Raggatt, 1996). At the same time, Dickens and Hall (1995) argued that the power of the trade unions was being reduced dramatically to limit their effects on the changing economy and the growing deregulation that was being encouraged throughout industry. Industrial action became unlawful reducing the bargaining position of employees with employers at a time of major unemployment (ibid. p. 279) and wages councils were abolished because of their perceived inflexibility (ibid. p. 257; Rubery, 1995). These changes were also taking place in the non-manufacturing sectors. The public sector was undergoing privatisation and 'contracting-out' of some of its

services: NHS Trusts were being formed; some schools became grant maintained; and performance targets were introduced to improve accountability (Winchester and Bach, 1995).

The new technological developments changed the organisation and nature of work significantly as production methods continued to be modified (Freeman C, 1997). The growing service sector began to utilise information technology - the growth of which was impossible to predict as computer technology advanced rapidly towards more cost effective miniaturization and global networking. Consequently, the highly technical, information-based systems led to a reduction in manufacturing (Kumar, 1986, 1995; Edwards, 1993) and a decentralisation of work (Murray, 1990). However, the available training pathways were not keeping pace with the changes. The outdated apprenticeship training programmes were unable to equip young people with the broad knowledge-based systems they required within the new industrial environments and the developing service sector areas lacked relevant training systems (Williams and Raggatt, 1998).

Policy makers were aware that the traditional narrow 'skills-based' approach to training and work had to change to a much broader concept of flexibility and multi-skilling if Britain was going to be able to meet the changing demands of industrial production methods and compete in international markets. The rigid job demarcations of the declining manufacturing industries were expected to be replaced by adaptable organisations and workforces with technical competence across a number of disciplines.

In the 1980s, the 'flexible firm' model (IMS, 1985) identified the need for four types of flexibility in order to improve profitability and reduce labour costs - *numerical flexibility* which was based on a core of permanent staff and a periphery of casual, part-

time or subcontracted staff (Atkinson, 1984); *functional flexibility* which allowed employers to deploy staff in a flexible, versatile way depending on business requirements; *distancing strategies* which recommended subcontracting and 'outsourcing' rather than modifying the larger organisation for what could be a short period of time; and *pay flexibility* which could be used to reward and encourage the acquisition of skills (Atkinson and Meager, 1990). Deregulation of the private sector (Payne and Payne, 1993) coupled with the weakening position of trade unions allowed the development of such strategies (DTI, 1995, 8.11). As Hewitt (1997) reports:

> 'to the Right, 'flexibility' means the absence of labour market regulation: no minimum wages, few or no employment rights, low payroll taxes and short-lived unemployment benefit. In terms of working time, this sort of 'flexibility' means the effective right of employers to impose whatever working hours - short, long or wholly unpredictable- on their employees. But flexibility can also mean the existence of a wider range of working hours which enable different people to combine employment with family responsibilities, further education or other activities in different ways at different stages in their lives.' (p. 83.)

These flexibility strategies have particular significance for this research and are considered in the following sections.

2.1.1 Core versus periphery

The need for rapid response and the ability to modify production on a 'just in time' basis required employers to think more flexibly about their business organisation and staffing requirements. By using numerical flexibility strategies, organisations were able to employ temporary, part-time workers and change working patterns by offering overtime, shift work and flexible working hours (Atkinson and Meager, 1990; Casey et al, 1997). This allowed the employer to cut his employee numbers to a minimum 'core' group of permanent employees with the option of hiring 'peripheral' workers, often on a temporary basis, to service business requirements in a rapid, cost effective way.

Within this model, continual retraining and up-dating of the core workers was predicted to be an essential feature for survival in what Phillimore (1990) called 'flexible specialisation' (p. 98). Consequently, the core group was expected to become increasingly valuable and secure as they became multi-skilled, benefited from pay recognition for their increasing skills-base and offered the organisation 'functional flexibility'. Meanwhile, the peripheral workers were expected to remain marginalised because of their temporary relationship with employers and risk unemployment and repeated low-skills work because of their employment histories (Payne and Payne, 1993). These variations in skills levels within the workforce were predicted to lead to a two-tier system of employment as Kumar (1995) described:

> '...the division of the work-force into a 'core' of multiskilled craft-type workers, permitting 'functional flexibility' of tasks and products, and a 'periphery' of casually-employed, relatively unskilled workers, permitting 'numerical flexibility' in the labour market.' (p. 59).

Despite the need for increased flexibility and transferability of skills, concerns about the supposed benefits to the workforce of multi-skilling are well documented. As flexibility increases, fewer people can consider that they have a 'job for life' (Gorz, 1989; Hutton, 1996) and the tradition of learning a trade for life with its associated status and culture no longer exists in many occupations (CBI, 1994a). Equally significant for many workers is the effect on the worker's cultural identity which Gleeson (1995) argues is more relevant than economics.

> 'The skills are not simply economic resources to be moved and replaced, as in post-Fordist schemes, but are fundamental components of the trades person's physiology and identity' (p. 157).

> '....to remove it (demarcation) in order to link skills and groups of skills to the whim of the market place, or the interests of capital, by definition, must increase alienation' (p. 161).

While there was an original expectation that investment in the core workforce would improve their employability and job security, this is no longer guaranteed. The organisation's need to control continues to increase in line with technology and competition. Continuing employment has become dependent on increased flexibility, less leisure time, more stress and damaged personal and family relationships with consequent effects on health and eventual productivity (Hewitt, 1997; Freeman C, 1997). British workers are considered to work the longest hours in the European community (Hewitt, 1997; Pond, 1997) and have the least legal protection (Pond, 1997). The paternalism of the organisation has been replaced by a need to modify the individual's identity to that of the organisation and not a particular job (Coates, 1995). This has resulted in some core workers opting for self-employment within the periphery. Skills shortages have allowed specialists the opportunity to offer their services to large organisations on a temporary basis while maintaining more control of their working hours.

Despite the increasing insecurity of the workforce at all levels and the need to change jobs and skills on a regular basis throughout life, training is still an essential means of providing the workforce with transferable skills (CBI,1994a). New technology has reduced the need for unskilled labour to perform repetitive functions. Most forms of production now require the worker to have a more comprehensive understanding of the production process than was previously the case. Core workers may need to receive 'higher-level' skills training to manage these new systems or more ongoing, in-depth training in order to cope with changing technology. The market position of peripheral workers could be improved through the acquisition of similar training and multiskills though many have little opportunity to access available resources.

2.1.2 The growth of small enterprises

Small businesses and self-employment rose markedly as large organisations began to use 'distancing strategies', for example subcontracting and outsourcing, as part of their workforce flexibility planning (CBI, 1994a; Britton, 1997). For any organisation, subcontracting allows increased flexibility of the number of staff employed; reduces in-house costs by encouraging competitive tendering by small firms while retaining control of the production quality (Scase, 1995); and reduces the need for larger employers to invest in reorganization of production for what could be short periods of time (CBI, 1994a).

The number of small firms grew from 1.9 million in 1979 to 3.1 million in 1989 (Skills and Enterprise Network, 1995) and has continued to increase. In 1996, the Department of Trade and Industry (DTI) reported that 'firms with fewer than 50 employees now constitute 99 percent of all UK enterprises' (DTI, 1996, p. 84). In some sectors, very small enterprises provide a large percentage of the total number of businesses. For example, DTI figures for 1993 showed that businesses with less than ten employees made up over 90% of the total businesses in health and social care (ibid. p. 88). This pattern is being repeated in other countries. As Scase (1995) reports, one third of all employees in Europe are employed in small enterprises with less than 10 workers (p. 570). This trend is likely to continue as large organisations continue to outsource aspects of their operations and focus on their core functions using a reduced number of permanent employees.

The different relationships that small businesses have with large organisations has been categorised by Rainnie (1989). The first category he describes as *dependent* firms because their economic survival depends on the large organisations with which they

contract business. The large organisations dictate the quality and quantity of the final products. This category is very relevant to the independent care sector. The next group are the *dominated* enterprises which compete against large organisations by producing similar goods but at a much cheaper cost because of low pay rates and poorer working conditions. *Isolated* businesses function by producing goods, usually in the service sector, that the larger organizations have avoided because of low profit margins. These businesses have to maintain low costs in order to remain attractive and usually employ on a temporary, insecure basis. The final group are the *innovative* small businesses because they produce new products and services which would be too costly for large organisations to risk producing. Many function in relationships with large organisations which support at a distance with a view to being involved in marketing the final product if successful. These categorisations are by no means exclusive to large/small business relationships because companies of similar size also require to subcontract to each other because of specialist or flexibility requirements.

Another method of categorising small businesses is offered by Scase and Goffee (1982; 1987) using the characteristics of the employers: *self employed* who do not have any employees; *small employers* who act as managers as well as undertaking routine work tasks along with their employees (for example in residential homes); *owner-controllers* who manage but do not work alongside their employees; and *owner directors* who delegate tasks to managers within a structured hierarchy.

While deregulation and free enterprise encouraged the growth in SMEs, the changes in production requirements resulted in the development of a 'dependency culture' for the small employers whose need to be flexible was paramount if they were to survive 'on the heels' of the larger organisations.

As Scase (1995) reports:

> '... small businesses become increasingly locked within webs of dependency, with their economic viability determined by the purchasing capacity of their major customers.' (p. 573).

The result of this financial insecurity is that small businesses may pay lower wages and offer little security to the workforce (ibid.). Employers may exploit workers and maintain their skills at a level which is practical for the immediate needs of the workplace but not sufficient to allow the worker the opportunity to develop and move on to better work (Bosworth and Simpson, 1995). The need to constrain costs and offer flexibility has led to an increase in part-time, low paid work (Rajan et al, 1997). This along with the growth in the service sector has resulted in an increase in the number of women taking on paid work.

2.1.3 The growth of part-time work and female employment

The projected 'demographic time bomb' predicted a decline in the numbers of young people in the population between the mid-1980s and the mid-1990s (Calder, 1993; Raggatt,1993). This alerted employers to the possibility of skills shortages because of the anticipated recruitment difficulties (ibid.; Casey et al, 1997). As a consequence, employers realised that they needed to provide the means of recruiting workers who had traditionally not been part of the workforce. The change towards a 'core-periphery' organisational model resulted in altered employment patterns for peripheral workers involving an increase in flexible, part-time, temporary work. This became the norm in many sectors in order to facilitate 'numerical flexibility' for the employer (Casey et al, 1997, p. 147).

For industry, the growth in part-time work allowed the working arrangements of organisations to be redesigned to allow greater coverage of a much extended working day (Robinson, 1988; CBI, 1994a; Casey et al, 1997). Casey et al. (1997) argue that

part-time work allows greater flexibility for the employer because: the turnover rate of part-time staff is higher so providing a means of varying the hours of replacement staff; part-timers are generally cheaper to recruit; and hourly rates can be kept lower because of contracting arrangements (p. 2). However, while the changing patterns were considered to encourage employers to see part-timers as a flexible 'reservoir of cheap labour' (Lane, 1993, p. 284), for some groups, part-time work allowed access to previously unavailable employment opportunities. As Hewitt (1997) reports, 'most part-time employees, particularly women, do not regard part-time employment as second best' (p.83).

The trend towards part-time work is expected to increase for men and women (CBI, 1994a; Hewitt, 1997). As Hatt (1995) reports 'Between 1973 and 1992 part-time employment in Britain rose from 17% to 24% of total employment with women occupying 85% of these jobs' (p. 121). By 2001, the number of females in employment is expected to increase to 1.2 million and women will make up 52% of all employees (Skills and Enterprise Network, 1995).

The decline in manufacturing, discussed earlier in the chapter, resulted in changing employment requirements of industry and a restructuring of the traditional full-time, male employment role. Information provided by the Skills and Enterprise Network (1995) showed that by 1995 there were 3 million more jobs in the service sector and 1.4 million fewer in manufacturing than in 1981. By 1993, 45% of jobs were in the service sector, 25% in the distribution industries and only 30% in manufacturing. At a time of recession, and increasing male unemployment because of these trends, the offer of part-time work appealed to women who were keen to break with the socially conditioned 'norm' of staying at home (Hatt, 1995). The ability to control their fertility and family

size and the expectation by employers that women were more suited to the skills requirements of the service sector jobs made this transition easier (Roberts et al, 1988). Part-time work allowed women to fulfil their domestic responsibilities and therefore to have more choices with respect to work (ibid.; Hewitt, 1997). Consequently, there was a growth in the number of working women. As Taylor reported:

> 'The 1993 figures show that women's participation has risen from 35.5% in 1960 to 49.5 % in 1993. This represents an increase of 34% over the past 30 years for women in the workforce, compared with a comparative decline for men of 20%. However, the second point is that women are less well paid, and still constitute the base of the pyramid. Women still hold the majority of part-time jobs (88%) and earn on average 40% less than men.'
>
> (Taylor, 1995, p. 66).

Despite the growth in female employment, with nearly three-quarters of adult women in or available for paid work (Sly, 1993), for the majority the work remains part-time, low paid and insecure because of the increasing flexible patterns offered by employers and the temporary nature of working contracts (Colgan and Ledwith, 1996). Women's wages reflect the employers' expectations of their employment being secondary in the home (Rubery, 1995). In 1990, when the 'decency pay threshold' was set at £4.76 per hour, 'over half of the women working full time and 81% of those working part-time in Britain are officially 'low paid'' (Buswell, 1992, p. 87). Britain's unwillingness to adopt a minimum wage, demonstrated by the abolition of the Wages Council in 1993, has allowed employers to continue employing an increasing number of mainly women on low wages. In 1997, many women continued to work for a much lower hourly rate than that set in 1990 (ibid.). The effects of the minimum wage level set in 1998/9 have yet to be evaluated.

It can be argued that this pattern has become possible for a number of reasons. Many sectors, including the independent care sector, are not strongly represented by trade

unions so the employer has the power to dictate working conditions (Rubery, 1995; Scase, 1995; Colgan and Ledwith, 1996). Colgan and Ledwith argue that the service areas staffed mainly by women lend themselves to reducing the opportunities for union organisation by the nature of being 'small scattered workplaces (and having) sporadic labour force participation due to family demands ...' (p. 157). The lack of trade union protection has added to the already disadvantaged position of women in the workforce. This has been supported until recently by legislation which allowed the employer to avoid the need to offer pension rights, redundancy pay and national insurance contributions by keeping the number of hours employed below the threshold. As a result the employer saved money, reduced tax revenue to the state and minimised protection for the worker (Robinson, 1988; Hewitt, 1997; Rubery, 1997). However, some recent changes because of European Union (EU) legislation may alter this because part-time workers can now claim certain rights in line with full-time workers[1] (CBI, 1994a; Freeman C, 1997).

Most women, regardless of education or class, expect to combine work with family care at some point during their married life either by choice or because of economic necessity (McRae, 1991; Coats, 1992; Lane, 1993). However, to facilitate the combination of work and family life, many are working in jobs where they under-achieve and the economy is denied their full potential in the workplace (Payne, 1991; Ginn and Sandell, 1997). This may be the result of: returning to work more quickly than before; childcare problems which result in mothers taking smaller, part-time jobs to fit around domestic commitments; or a lack of confidence after a break from work (McRae, 1991; Payne, 1991). For many women, socialisation has encouraged them to limit their horizons to

[1] *The Employment Protection (Part-time Employees) Regulations 1995*

traditional gender-specific roles with the result that they tend to be concentrated in a narrow range of occupations (Cockburn, 1988; Walby, 1988; Payne, 1991; McGivney, 1992; Brine, 1993; Lane, 1993). The result is that over 80% of women work in the service sector compared with 56% of men (Sly, 1993). It is assumed that female 'natural' skills, for example, interpersonal and negotiation skills and the ability to organise and multiplex tasks efficiently lend themselves to this type of work (ibid.).

The occupational differentiation and part-time nature of women's work can have consequences for training and progression. As discussed earlier, marginalised work is the most common form available and the most insecure. The ability to move into more secure work depends on a willingness to be flexible, to work as dictated by the employer and, more importantly, to have access to training. With the deregulated working arrangements in Britain, the ability of women to conform to these is hampered (Hewitt, 1997). Access to training may be limited by working part-time and the ability to finance personal training may be prohibitive at a time when domestic commitments absorb earnings.

In the next section, Britain's training record is examined in an attempt to identify factors affecting decisions about training. The forms of training which are available and who gains access to the training provision are considered. At this point, the examination does not relate specifically to NVQs but addresses the culture into which NVQs had to gain acceptance.

2.2 Training

In order to compete effectively in international markets, flexible production methods and an ability to change rapidly to meet new requirements were considered important

(CBI,1994a; Mansfield and Mitchell, 1996). This placed a premium on skills development. However, this was not an area in which Britain excelled and many of Britain's economic problems were blamed on the lack of training throughout industry (NEDO/MSC, 1984; Calder, 1993; Keep, 1993; Layard, 1994; Bosworth and Simpson, 1995). Skill shortages were perceived to be damaging the economy because output could not be 'demand-led' if there were insufficient skilled workers to increase productivity (CBI, 1989; Senker, 1992). The move from mechanisation to automation had resulted in a change of demands from low skilled, production line workers to more highly skilled workers who were capable of operating and monitoring machinery (Prais, 1995). Such skills were in short supply partly because of the decline in apprenticeships but also because of the lack of investment in other forms of high quality training in British industry. Britain's economic performance was therefore damaged by skills deficiency and cyclical training patterns (Senker, 1992; Bosworth and Simpson, 1995).

Although unaware of the precise nature of the changes in production, policy makers involved with drafting the *New Training Initiative* (DOE, 1981), the document that heralded a reform of vocational education and training, were committed to a future system based on training to standards. An underlying assumption was that by developing training around standards of competence rather than 'time-serving', employers would have more confidence in the quality and relevance of training in relation to the needs of the workplace. Consequently, there was an expectation that a new system would appeal to employers and therefore would lead to an expansion of training opportunities.

However, as Finegold and Soskice (1988) argued, changing training policy alone would not resolve Britain's economic problems without structural changes in attitudes to

investment. Developing his analysis, Finegold (1992) blamed the 'low skill equilibrium' on the attitude of poor managers who encouraged workers to continue producing substandard goods in large quantities rather than investing in staff development and new technology in order to achieve improved quality. He also cited structural issues relating to the financial relationships between small firms and banks arguing that banks emphasised short-term planning and quick returns at the expense of a long-term investment strategy which would improve future competitiveness. Hutton (1996) supported the argument that 'short-termism' was a major weakness in Britain's future.

Despite this argument, the main thrust of the government's view of Britain's lack of international competitiveness lay with low skills levels and the inflexibility of the workforce. It was felt that to improve Britain's economic position, the workforce and the organisation of work needed to move away from the heavily bureaucratic, management-controlling, approach to one in which each individual worker was encouraged to be self-motivated and an independent member of a team (Mansfield and Mitchell, 1996). Workers needed to acquire transferable skills at a practical and more importantly, at a cognitive level - demonstrating problem solving, initiative and creativity - which would allow them to understand and have ownership of the process of their work. They needed to feel confident about modifying their approach to production without feeling threatened by change (Raggatt, 1993).

As McKenzie (1995) describes:

> 'Traditional distinctions between management and worker and their respective responsibilities are increasingly obsolete ... we have the worker with an all-round, in-depth understanding of the skills he/she is practising: flexible, autonomous, and equipped with the capacity to think rather than merely to perform some routinised vocational function' (p. 36).

The reform of Britain's vocational training system derived, in part, from concerns relating to the lack of qualifications and continued training within the British workforce. Compared to Europe the 'staying-on' rate for 16 year olds in Further Education was very low (Raffe, 1992; Finegold, 1992; Keep, 1993; McNabb and Whitfield, 1994) and comparisons of basic GCSE achievement continued to be poor compared with Germany, France and Japan (Green and Steedman, 1993; Prais, 1995). This pattern could be explained by a number of factors: lack of esteem for education particularly in the working classes (Raffe, 1992); an educational structure that results in a two-tier system - academic achievement or limited opportunities (Finegold, 1992; Raffe, 1992; Philpott, 1997); and a tradition among British employers of recruiting 16 year olds and paying reasonable wages but not necessarily offering further training (Finegold, 1992; Raffe, 1992; Prais, 1995).

British employers have not routinely invested in training (Raggatt, 1991; Senker, 1992) and the government's expectations that employers should take responsibility for the provision and financing of training (DOE,DES, 1984; CBI, 1994a) may go some way to explaining the differences in training rates between Britain and other European countries where there is often some statutory backing to training provision (Keep and Rainbird, 1995). No legislation has been provided to ensure that a minimum level of quality training takes place in organisations though some benchmark activities are encouraged, for example, the 'Investor in People' award (CBI, 1994a). More recently, the Labour Government has discussed the introduction of learning accounts and a University for Industry to encourage lifelong learning (Philpott, 1997).

The voluntaristic nature of training investment by employers has resulted in the amount and type of training provision varying despite the government's hope of equipping

workers with transferable skills. These variations may be the result of the employers' concerns about seeing a return for their training investment. The lack of government backing and training subsidy has led to a culture of minimalist investment by some employers whereby specific training is usually given at a level that only facilitates productivity in their particular working environment often in the form of basic induction training (Roberts et al, 1988; Calder, 1993; Keep, 1993; Prais, 1995; Eraut et al, 1996). This reduces the employer's concern that trained staff will be 'poached' by other organisations because the employee lacks transferable skills (Lange, 1994; Bosworth and Simpson, 1995; Keep and Rainbird, 1995; Prais, 1995). Also, the employee is limited in employment choice so can be retained without the expectation of higher wages related to training.

If training in generalist skills is offered by employers then wages are often low to subsidise the activity (Prais, 1995). The expectation is that the employee will be able to obtain a higher wage on completion of training so should value the investment or subsidy. However for the employer, there is still the worry that employees may be 'poached' once their training is complete (Calder, 1993; Layard, 1994) because employers who have not invested in training can offer higher salaries to the newly trained workers at the training employer's expense. Consequently, employers have been loathe to invest in generalist training - an attitude which could be argued will limit their own ability to remain competitive in the future and also restrict the wider economy's need to have flexibly skilled workers capable of managing new production processes within an increasingly technological environment (Keep, 1993; Lange, 1994). As Rajan et al. (1997) report, the 'skills shortages' of the 1980s are being replaced by a 'skills gap' in the 1990s because workers are unable to cope with the rapidly changing technologies and working methods.

This unwillingness to invest in appropriate training may be further complicated by the unstable, dependent relationships many businesses, particularly those which are SMEs, now experience with other organisations or financiers. Planning is mainly short-term and relates to survival and maximizing profits rather than long-term investment (Finegold and Soskice, 1988; Keep, 1993; Hutton, 1996). Also the core-peripheral model of the workforce may result in the core workers obtaining training while the disposable, peripheral workers only obtain the information and training required to complete the short-term temporary contract (CBI, 1994a).

Further arguments supporting employers' unwillingness to offer training have related to: British managers being poorly trained themselves and potentially being threatened by a more knowledgeable, empowered workforce (Keep, 1993; Bosworth and Simpson, 1995); personal development by the worker might need acknowledging in the form of new systems of valuing and recognising staff achievement which is a further threat to the traditional barriers and hierarchies (Keep, 1993); and low wages, part-time work and poor working conditions can result in high staff turnover which also discourages investment in training (Rajan et al. 1997). However, this turnover cycle is perpetuated if employees do not feel that they are valued by either decent wages and working conditions or by the employer investing in training. As the CBI (1994a) reported '... a growing flexible labour market could, if preventative action is not taken, result in some flexible workers being caught in a cycle of deprivation' (p. 7).

The weakness of Britain's training record is further complicated for some groups whose ability to access available training is limited (Keep and Rainbird, 1995). Part-time workers, shift workers, unskilled workers and minority groups including women (Clarke, 1991; Green, 1991; Callender and Metcalf, 1997) have unequal opportunities

with respect to training so reducing their chances of moving out of the 'low-skill equilibrium' discussed by Finegold (1992) and the CBI (1994a). Employers are reluctant to train people in these categories and feel their obligations lie much more with the core of workers who are usually full-time, often male and are perceived to offer better value for money (CBI, 1994a). Yet the changing patterns of work demonstrate that 'part-time workers make up one in four of the British workforce' (Hewitt, 1997, p.82). Some employers continue to equate part-time work with workers who have no ambition and have been found to be reluctant to release these workers for training when production time is tightly scheduled (McGivney, 1994). Consequently, a perceived lowering of employment status follows as the part-time worker is seen as a 'secondary' wage earner (Hartmann, 1979; Beechey, 1987; Hakim, 1995). However as Hewitt (1997) discusses:

> 'Treating part-time employees, along with temporary and casual workers, as 'atypical' workers ignores the fact that, when it comes to the organization of working time, the 'atypical' worker is the new norm' (p. 82).

Employers who are unwilling to subsidise training or introduce flexible arrangements to allow access to training limit the opportunities for part-time, female workers (Roberts et al, 1988; Clarke, 1991; McGivney, 1992, 1994; James, 1995) and further limit the possibility of the government fulfilling the National Training and Education Targets (NTETs) (CBI, 1994a; McGivney, 1994; James, 1995; NACETT, 1997).

For those following vocational training pathways, Felstead et al. (1995) found that there was a 12% difference between men and women achieving vocational qualifications mainly because of the women's poorer performance. Interestingly, they found that the qualifications were 'gendered' with men holding the more recognised, higher level qualifications (6.2, p. 120) but women achieving better in the newer vocational

(S/NVQs) qualifications (6.11, p. 125). Similar findings were reported by Robinson (1996).

However, the differences in accessing training are not purely related to issues around part-time working or gender. Accessing training can be influenced by previous qualifications with the better qualified receiving more training than the unqualified. The IPPR report '*Employee Training*' (Machin and Wilkinson, 1995) states '... training acts to widen skills gaps by adding to the human capital of those who are already relatively highly skilled.' (p. 9). However, this has consequences for women as Clarke (1991) reports 'A higher proportion of women than men have no qualifications and therefore have very limited access to training' (p. 28).

Training is more likely to be available in larger organisations and those recognising trade unions (Clarke, 1991; Machin and Wilkinson, 1995; IFF Research Ltd, 1996; Storey and Westhead, 1997). Older workers, manual workers and those working in small firms particularly in the private sector are less likely to be offered training (Keep and Rainbird, 1995). Since many workers are employed on temporary contracts, accessing training is a problem (CBI,1994a). As the IFF Research Ltd.(1996) report indicated, 'It typically takes three years for most employers to be offering NVQ/SVQs to at least 50% of their workforce' (p. 4).

Another major problem relates to the training difficulties experienced within SMEs given the importance of the sector within the British economy (Calder, 1993; CBI, 1994a; Hyland and Matlay, 1997). As the DTI reported:

> 'Small firms face particular problems in tackling their skill needs. Their size and the immediate pressures of running a business can make training appear

> disproportionately costly. Smaller companies lead the way in job creation but they often overlook training as a key investment in longer term growth'
> ('*Competitiveness - Forging Ahead*', 1995, 7.12).

However, as Phillimore (1990) discussed, the voluntaristic nature of employer involvement and the lack of central financial support by the government limits any potential resolution to the problem.

Hyland and Matlay (1997) discuss the confusion within SMEs with respect to training. While employers in their own right, small workplaces are also providers for larger organisations. Some may consider the responsibility for training to lie partially with the larger organisations which dictate their production and quality systems. The researchers found that the positive attitude towards training reported by SMEs was inversely proportional to the actual training that took place within the workplace (ibid. p. 131). This was because of a number of factors mainly: the security of the firm within the economic market; the availability, cost and time involved in training; and the perceived relevance of the training programme to the organisation's specific needs. They also reported that new staff, rather than long term staff, were more likely to be motivated to accept training. Curran et al. (1996) found similar issues with very small establishments providing less training and the training provided rarely resulted in formal qualifications like NVQs. This pattern was also confirmed at management level in small businesses (Curran et al, 1996; Storey and Westhead, 1997). Storey and Westhead also reported that the low survival rate for small businesses resulted in short-term investments only which has implications for investing in training.

2.3 Summary

This chapter has discussed the reasons for Britain's move away from fixed production methods into a more flexible culture of rapid response, increased flexibility and a growth of entrepreneurial, subcontracting arrangements both across and between large and small organisations. Changing production methods and poorly skilled employees resulted in the workforce needing to acquire a more broadly based, technically-oriented set of competences that would allow transferability and flexibility across different working areas as technology developed. However, the term 'flexibility' has a number of interpretations within employment practice relating to working arrangements as well as skills levels. Organisations have developed strategies to improve their ability to acquire 'numerical flexibility' by developing a 'core-periphery' model of employment and by using subcontracted SMEs and temporary, part-time workers to fulfil the peripheral requirements according to business needs.

Studies have shown that the core group of workers are most likely to be given access to training. Minority groups, and women in particular, may find their work valued as secondary because they work on the periphery of organisations as temporary, insecure workers. This status may limit their ability to access training and, therefore, prevents their progress into more secure employment. The opportunity to obtain training is further limited by the employers' concerns about 'poaching' of qualified staff. Consequently, Britain lacks a tradition of generalist training within the workplace because of an over-concern with short-term economic needs.

It is within this changing economic picture that policy makers introduced the concept of a competency-based training scheme. Having set the contextual background, the next chapter will examine the NVQ framework in Britain.

Chapter 3 The Development of NVQs in Britain

The previous chapter explored the changing patterns of employment which played an important part in establishing the need for a review of the methods needed to skill the workforce. Flexibility and an increase in female work participation were identified within the changing employment patterns of recent years. These changes are key issues affecting the purpose of NVQs and access to NVQ training. The development of the competence based approach to training was seen as the way forward and the occupational standards were heralded as the national benchmark for the confirmation of practical skill and knowledge for a worker undertaking a S/NVQ. By 1992, NVQ standards were available for 80% of the workforce (Melton, 1994) and have developed to cover over 90% of occupations within eleven major occupational areas at five levels (NACETT, 1997).

However, the implementation of the NVQ programme has not been without its problems. Criticisms of the new system have been directed at the inability of the 'new vocationalism' to skill workers effectively because the NVQ process is considered to be too fragmented and occupationally specific. Consequently, workers do not acquire the higher cognitive skills necessary to facilitate transferability of skills. Other concepts which were promised during the initial marketing of the NVQ scheme - progression pathways, parity of esteem with traditional qualifications, access, transferability, confirmation of work competence and assessment on the job - have not developed in the way that was initially expected. Competition between awarding bodies and assessment centres has led to financial variations in the costs of particular NVQs, standardisation problems and a perceived lack of credibility by employers. Moreover, there has been a slower uptake in NVQs than was initially expected. These concerns are further

complicated when reviewing the practicalities of implementing a new training scheme which remains voluntaristic and 'employer-led' rather than 'employment-led'. This chapter will review the literature available on the policies behind the NVQ framework, the concept of competence which underpinned the design of the NVQ, the NVQ framework and the issues around the implementation of the system within the workforce.

3.1 Competency based training

As early as the 1960s, there was concern about the level of skills and training provision in industry (Field, 1995). This led to the formation in 1964 of statutory Industrial Training Boards (ITBs) which encouraged employers to train staff by providing grants which were financed from compulsory levies. However, by the 1970s there was growing dissatisfaction with the ITB system. Consequently, following the *Employment and Training Act* in 1973, the Manpower Services Commission (MSC) was formed. Its remit was to review and manage government training schemes and the work of the ITBs (Keep, 1993). Growing unemployment levels, particularly among young people, were also a concern at this time. Politically, it was important to reduce these levels and one way of achieving this was by providing training schemes (Bates, 1995a; Field, 1995; Mansfield and Mitchell, 1996; Williams and Raggatt, 1996; Williams, 1997). However, the schemes were introduced very quickly and the quality was often poor. While the 1970s unemployment problem was viewed as a temporary recession-induced problem expected to resolve as the economy improved, by the 1980s it was recognised that unemployment had become a structural problem because of the decline in manufacturing discussed in Chapter 2. Therefore, training programmes became a more significant factor in the expectation of skilling the workforce to manage the new requirements of post-industrialization.

The publication of '*A New Training Initiative: a consultative document*' (MSC, 1981) began a major reform of vocational education and training in Britain and stated that Britain's ability to compete effectively required a more highly skilled and technically competent workforce. This continued the MSC's long-standing promotion of the need for a standards based approach to training (MSC, 1977). The subsequent White Paper *'A New Training Initiative: a Programme for Action'* (DOE, 1981) endorsed the objectives set out in the consultative document. It outlined a number of measures that would be taken and stated that the initiative would involve 'standards of a new kind' (Jessup, 1991, p. 165). It was also proposed that by 1985 training for all significant skilled occupations should be based on achievement of agreed standards rather than time-serving (DOE, 1981). This set the foundation for the future reorganisation of vocational training and a considerable reduction in traditional apprenticeships.

In 1984, a report by the Institute of Manpower Studies, *'Competence and competition'* reviewed training and education in the countries of three of Britain's major competitors - Germany, United States and Japan (NEDO/MSC, 1984). The findings emphasised the need for: employers to be involved in deciding what skills were required within industry; employees to take responsibility for becoming multi-skilled; and colleges to provide training flexibly to suit the workplace (pp. 7-8). Subsequent White Papers developed these recommendations by emphasizing: the employers' responsibilities in (a) deciding the level and form of training which were to be workplace-orientated and (b) financing any training provided (DOE,DES, 1984); the need for further education to be responsive to the needs of local employers (ibid.); and an extension of the Youth Training Scheme (YTS) to two years (DOE,DES, 1985).

The concepts of competence and standards were mentioned in the 1984 Paper:

> 'Agreed standards need to be established (the target date is 1985) and all remaining restrictions removed as quickly as possible, so that access to skill training and subsequent employment is on the basis of tested competence.'
> (DOE,DES, 1984, p. 16).

The 1985 White Paper recommended the formation of a working group to review the complex mixture of vocational qualifications with the objective of designing a future structure of qualifications, initially aimed at the youth trainee market, which would be available to all abilities and be easily accessible and comprehensible (DOE,DES, 1985, p. 9: 39). The qualification was expected to 'recognise competence and capability in the application of knowledge and skill' (ibid. p. 9). Concepts of transferability, transparency, progression and accreditation of prior learning were also stated.

The 1986 report *'Review of Vocational Qualifications in England and Wales'* (MSC/ DES) presented the recommendations of the working group which resulted in the development of the National Council for Vocational Qualifications and the National Vocational Qualification. The new national vocational qualification was defined as:

> 'a statement of competence clearly relevant to work and intended to facilitate entry into, or progression in, employment, further education and training, issued by a recognised body to an individual. This statement of competence should incorporate the assessment of :-
> - skills to specific standards;
> - relevant knowledge and understanding;
> - the ability to use skills and to apply knowledge and understanding to the performance of relevant tasks.' (ibid., 1.10).

The report underlined the intent to widen the skills framework of the participant.

> 'We have no desire to encourage the development of a system of qualifications geared solely to the testing of knowledge and skills of immediate use to the employer. Such an approach...is far too utilitarian in itself. It takes too little account of the longer term needs of employers, of the economy and - most importantly in our view - of the learning, personal development and career development needs of the individual'
> (ibid. 2.11).

The White Paper *'Working Together - Education and Training'* (DOE,DES, 1986) endorsed the recommendations and encouraged the design of a system that would allow professional recognition up to NVQ level 4 initially. Progression pathways and parity of esteem between the new NVQs and the more traditional qualification routes were to be encouraged and NVQs were to be the chosen route for youth training. In 1990, the YTS scheme became Youth Training and all participants were expected to achieve an NVQ at level 2 or higher upon completion (DES/DOE/Welsh Office, 1991, 2.9). To facilitate this, Training Credits were instigated for all 16 to 17 year olds (ibid. 6.4). These credits were to be administered by the Training and Enterprise Councils (TECs).

To encourage the uptake of training, the Confederation of British Industry (CBI) report *'Towards a Skills Revolution'* (1989) instigated National Training Targets. These were reviewed and modified in the White Paper *'Competitiveness: Helping Business to Win'* (1994). General National Vocational Qualifications (GNVQs) were introduced to fill the gap between the traditional academic route and the purely vocational route offered by NVQs but were not competence-based (DES/DOE/Welsh Office, 1991, Vol. 1, 3.6-3.8). The aim of the GNVQ was to provide a 'broad education as a foundation both for training leading to employment, and for further and higher education' (Capey,1995, p. 11). The government continued to 'push' education down a vocational route by including NVQs and GNVQs in the training targets alongside the more traditional academic qualifications and by insisting that vocational students must undertake NVQs (DES/DOE/Welsh Office, 1991, Vol. 1, 3.10). The development of the competence-based approach to training was seen as the way forward and the occupational standards were heralded as the national benchmark for the confirmation of practical skill and knowledge.

Despite the numerous reports and White Papers supporting the need for training in Britain, implementation of the NVQ scheme has been problematic and has received much criticism. The training targets have not been achieved (NACETT, 1997; Tuckett, 1997) and the government was forced to try and address the concerns about vocational training by instigating reviews of the top 100 NVQs (Beaumont, 1996) and GNVQs (Capey, 1995) heralded in the '*Competitiveness*' White Paper in 1994. Alongside these reports, Dearing (1996) reviewed the educational and training pathways for 16-19 year olds in an attempt to improve parity between educational and vocational pathways to higher education. This resulted in discussions around National Traineeships, Modern Apprenticeships, the introduction of National Training Organisations (NTOs) and more financial support in implementing NVQs.

Other reports - '*Competitiveness - Forging Ahead*', (DTI, 1995) and '*Realising the vision: A skills passport*', (CBI, 1995) - discussed strategies to encourage businesses to invest in training, for example, the 'Investor in People' award (IiP) (DTI, 1995, 7.21); Skills for Small Businesses (ibid. 7.13); Learning Credits (ibid. 7.30); and Modern Apprenticeships (ibid. 7.21) in an attempt to improve the uptake of NVQs. The responsibility for encouraging these initiatives was given to the local TECs. However Keep (1993) argues that the expectation of delivering 'nationally based standards' at local level could be compromised because the TECs are 'employer-dominated' (p.99). As a result, he suggests that training provision might be biased towards the interests of local, private business rather than national needs.

3.2 The development of the NVQ framework

Following the White Paper '*Working Together Education and Training*' (DOE,DES, 1986), the NVQ system based on competency was established by NCVQ and was

expected to provide a broad range of skills relevant to employment. NCVQ's role was to establish a framework of qualifications which would be 'comprehensible and comprehensive and facilitate access, progression and continued learning' (NCVQ, 1989, p. 2). NCVQ, unlike SCOTVEC, was not an awarding body in its own right. The quality assurance of the NVQ was mainly the responsibility of the awarding bodies who were accredited by NCVQ to award the qualifications. Verification processes, both internal and external, were developed to monitor assessment processes and centre practices. It was only in the reports *'Competitiveness - Helping Business to win'* (DTI, 1994, 4.50) and *'Forging Ahead'* (DTI, 1995, 7.71) that NCVQ was directed by government to become involved in quality assurance, public relations and marketing in an attempt to improve the quality and attractiveness of NVQs because registration numbers remained low (NCVQ, 1995b).

The responsibility for developing standards was given to industry through the Industry Lead Bodies (Debling, 1989; Raggatt, 1991; Bates, 1995b) though often this role was transferred to consultants (Field, 1995) - a practice which continues today. The expectation was that the standards would reflect what employers wanted, would be 'up to date' with present day occupational functioning and would develop workers who would be able to adapt to the needs of the future (Mansfield, 1989). This 'employment - led' approach was considered essential so the standards were relevant (Jessup, 1989; Debling, 1989; Fennell, 1991; Mathews, 1991). The concerns early in the design of the standards were to avoid excessive detail as 'the consequence of 'narrow' or task based standards will be a standards framework which will not meet the needs of the modern economy' (Mansfield, 1989, p. 26). The occupational standards were developed using 'functional analysis' in the hope that the methodology would 'focus on outcomes' and 'reduce the amount of detail in the system' (Mitchell, 1989, p. 58).

The eventual framework consisted of competency statements which were grouped into units. These units consisted of elements which listed performance criteria. The standards were developed at five levels to meet the increasing responsibilities of work roles. Level 1 was geared for those undertaking routine and predictable work activities while level 3 was seen as the technician level where tasks could be complex and non-routine and the worker had some supervisory responsibility. Level 5 was designed for the professional worker who had autonomy and responsibility for management of a workforce and resources within a workplace. The initial NVQs were introduced at the lower levels in low status sectors and were mainly directed at the YTS (Hevey, 1997).

Marketing by NCVQ attempted to demonstrate parity of NVQs with more traditional routes and discussed vertical progression pathways as recommended in the DES/DOE document (1985: 26) and accepted by government. For example, level 2 was considered to equate with 4 GCSEs at grade A-C; level 3 with 2 'A' levels; level 4 with Diploma/degree level; and level 5 with degree/postgraduate level (Appendix A). The expectation was that the NVQ framework would enable 'access to qualifications and progression between them' as a fundamental aspect of the structure (Mansfield and Mitchell, 1996). However this has been problematic. Candidates' expectations of using level 3 NVQ (or Advanced GNVQ (Baty, 1997)) for university entrance have not been realised to the level expected (Brown and Bimrose, 1993). Indeed some critics of the NVQ system would argue that the narrowness of the standards has 'paradoxically, acted to reinforce the low-skills equilibrium' (Williams, 1997) and has encouraged deskilling (Raggatt, 1991, 1994; Hyland, 1994; Marshall K, 1994).

At the inception of the standards framework, emphasis was put on the need for the process of assessment to be cost-effective, for the standards to be explicit but not overly

precise to the point where their complexity resulted in difficulties in interpretation, operationalisation and a reluctance for those involved to read the standards (Debling, 1989, p. 89). However, implementing the new qualification demonstrated some lack of clarity and a need to revise the original model.

3.3 Criticisms of the 'standards' design

The initial assumption that assessing performance alone would demonstrate knowledge was found to be inadequate (Wolf, 1989; Wolf and Mitchell, 1991). Consequently, the 'standards' design was modified to include more underpinning knowledge and range statements in order that performance could be demonstrated in other contexts (Wolf, 1994). This was particularly relevant for candidates undertaking level 3 or above because performance alone was unlikely to demonstrate the knowledge and understanding required for their more technical work role (Callender, 1992; Smithers, 1993). This concern about narrowness and lack of knowledge assessment was supported by teachers involved in the implementation of NVQs (Smithers, 1993; Raggatt, 1994). As a result, a number of guidance papers were produced to inform standards' designers of the importance of reviewing knowledge content in S/NVQ development (Employment Department, 1993; Mitchell and Bartram, 1994).

Performance evidence requirements were also detailed to ensure competence was demonstrated on more than one occasion in order to improve the reliability of the system. These also dictated preferred methods of providing evidence within the context of the specific unit requirements. In many ways, it was hoped that these adaptations would improve the credibility of the NVQ and encourage parity with other qualifications. However, in an attempt to ensure that the standards were transparent and defined sufficiently well to allow consistent interpretation, the documentation became

complex and confusing (Beaumont, 1996). As the details listed in the occupational standards expanded, the ability to implement NVQs in a cost-effective, understandable way became more difficult. Wolf (1995) discusses the 'never ending spiral of specification' (p. 55) which developed in order to try and achieve common interpretation and implementation of the standards.

Another criticism of the standards related to the language that was used (Spilsbury et al, 1994; Murphy et al, 1995; Beaumont, 1996; Eraut et al, 1996). The complexity of the language led many assessors and employers to the costly point where they were rewriting the standards into simple language so the candidates could understand the relevance to their workplace (Beaumont, 1996, 2.2). The Beaumont report also identified that the consequences of the 'jargon ridden language' would be that:

> 'candidates are unsure of the competences that they are trying to achieve. Assessors and verifiers are unsure of the standards they are judging and their views differ. This causes extra work, varying standards, inconsistent assessment and delays in implementation' (p. 13).

To try and resolve some of these issues, the Department for Education and Employment (DfEE) commissioned a project to identify the language difficulties in the standards in order to prevent repetition of similar problems during the review of all the occupational standards expected by 1998 (St.John and Channell, 1996). It has yet to be seen whether their recommendations will affect the usability of the new standards. However, blaming the language for the problems of implementation has been refuted by Smithers [2]. He believes that it is the NVQ model that is flawed and expects that this will be proven when the plain English standards are implemented.

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[2] Targett S. 'Adviser attacks NVQ report for 'soft-pedalling'', *Times Higher Education Supplement,* 12.1.96.

Other problems associated with the present design were identified by Beaumont (1996) who recommended that NCVQ modify the standards in order to make them more user-friendly in the hope of increasing participation by employers and improving completion rates. He also recommended that core skills (now known as key skills) should feature in most NVQs, but not to the level where they would limit access,[3] and knowledge requirement should be combined across units and then qualifications in an attempt to improve the breadth (ibid. 3(i), p. 16). The concept of breadth continues to be marketed by NCVQ and is reported to be 'implicit in the concept of national standards' (NCVQ, 1995a, p. 16).

Despite the attempts of the awarding bodies and NCVQ to standardise interpretation through continual refinement and advice on the assessment process, the variations in workplaces, occupations, assessor background and quality assurance mechanisms designed into the NVQ system have resulted in non-standardised interpretation (Murphy et al, 1995; Wolf, 1995; Eraut et al, 1996). A plethora of different paper systems, varying awarding body requirements for the same qualification and progress rates relating to funding arrangements has resulted in assessment centre managers developing an informal hierarchy of NVQ status relating to different awarding bodies and assessment centres within some sectors (Beaumont, 1996; Dunlop, 1996d). This has resulted in some loss of credibility and attractiveness to employers, assessors and candidates (Wolf, 1994; Hevey, 1997).

Despite the overall reporting by Beaumont that employers looked favourably on NVQs, requesting vocational qualifications at recruitment still remains optional for the majority

[3] The care sector has not integrated key skills into its new standard framework at this point as it was felt that this would be off putting to mature workers and prevent participation. However some parts of the standards will demonstrate key skills as a secondary aspect of completing performance.

of employers (IFF Research Ltd, 1996) and only about 4 per cent of employees are reported to have achieved an N/SVQ (ibid. p. 11). The low take up rate is worse within small organisations (CBI, 1994b; FEFC, 1994; Spilsbury et al, 1995; DTI, 1996; Robinson, 1996) and continues to cause concern to the CBI and government. The findings of the Beaumont report confirmed what most participants were experiencing - the implementation of NVQs had been rushed through with little support or samples of good practice. Most centres had developed their own systems within the guidelines of the awarding bodies but with little standardisation across centres (JAB, 1994). NCVQ have tried to overcome the variations by producing documentation which is essential for assessment centre practice in an attempt to standardise implementation and quality assurance.[4]

3.4 Competence

The move towards adopting a competence model of education and training arose because of the need to develop a scheme that could measure competence in the form of observable outcomes rather than the more traditional educational input model or time based apprenticeships which were considered inadequate for the workforce (Mansfield and Mitchell, 1996). The eventual model of competence adopted for the development of the NVQ framework was the 'job competency model' (Mansfield and Mathews, 1985) which was supposed to be 'holistic, designed to cover all work-role expectations and relationships, emphasizing the interrelationships between the different components' (Mansfield and Mitchell, 1996, p. 49). However, Hyland (1994) argues that at the time

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[4] *Common Accord*, 1993; 1997; *NVQ Criteria and Guidance*, 1995; *Implementing the national standards for assessment and verification [second edition]*, 1996; *Assessment of NVQs and SVQs*, 1997; *External verification of NVQs*, 1997; *Internal verification of NVQs*, 1997; *Assessing NVQs*, 1998.

when Britain was considering a change towards a national vocational system, America was reviewing the effectiveness of a vocational system based on narrowly defined skills and discussing the folly of such rigidity (p. 1). Green (1995) discusses similar views with respect to European countries.

At the time of early NVQ implementation, Debling (1989) stated:

> 'Competence pertains to the ability to perform the activities within a function or an occupational area to the levels of performance expected in employment. It is a broad concept which embodies the ability to transfer skills and knowledge to new situations within the occupational area. It encompasses organization and planning of work, innovation and coping with non-routine activities. It includes those qualities of personal effectiveness that are required in the workplace to deal with co-workers, managers and customers.
>
> A competent individual can:
> perform a particular function or satisfy a particular role in a diversity of settings, over an extended period of time; and respond effectively to irregular occurrences in environments having different characteristics' (p. 80).

However, implementation of NVQs demonstrated concerns about the perceived move away from the holistic definition of competence. The need to improve and maintain quality assurance across workplaces resulted in increasing specification of the criteria needed to determine a competent performance (Hyland, 1994; Wolf, 1995). Critics commented on the narrowness of the developing task-orientated, occupational competence which approached competence from a behaviouristic, reductionist perspective by detailing performance requirements. The breadth required to assess the higher cognitive skills required in understanding practice, being critically aware of performance and enabling transferability was absent (Raggatt, 1991; Hyland, 1992, 1994; Hodkinson, 1992; Smithers, 1993; Melton, 1994). As Gleeson (1989) discussed, very few workers remain in the work for which they are initially trained so it is important to offer general education along with training to assist with transferability.

While the concept of competence at lower levels appeared straightforward because it was measured in skills performance, the higher level NVQs have received much academic discussion in an attempt to determine an agreed definition of competence. The design of the standards has been criticised for limiting the ability to evaluate wider, less tangible aspects of best performance, for example ethics and creativity, and for failing to address the development of occupational 'experts' and the intuitive practice that develops with experience over time (Benner, 1984; Eraut, 1989; Race, 1990; Schon, 1991; Davies, 1995). Davies (1995) discusses such a dilemma in defining competence in care. A nurse may performs all the functional tasks required of his/her job role but would not be considered a 'good' practitioner without acquiring the extra skills, for example, empathy and an almost instinctive ability to be aware of patients with problems though this 'feeling' is impossible to quantify. This is explored further by Benner (1984) in her 'novice to expert' model in nursing whereby competence is acquired through years of experience in similar situations.

Further models discuss more general approaches to labelling competence. Schon (1991) discusses the difference between 'competent' workers and 'experts' and highlights the difference between the 'technical rationality' model of professional practice at competent level and 'expert' practitioners who can rarely describe exactly what it is they are doing. Their experience has transformed their knowledge base into knowledge-in-action which is altered by reflection-in-action. They have become 'reflective practitioners' which is what was envisaged, theoretically, with the adoption of the NVQ system. Race (1990) discusses this expert level as 'unconscious - competent' whereby competence becomes routinised and absorbed to the point where activities at a complex level are carried out routinely without having to contemplate or make overt decisions. The Dreyfus Model of Skills Acquisition (1986) introduced the

concept of five different levels of competence - novice, advanced beginner, competent, proficient and expert - which develop breadth as well as maintaining skills over time. When a person has become 'expert', decision-making has become intuitive in a similar way to the Race (1990) model.

The 'competent/not competent' judgement of the NVQ model can be argued to constrain opportunities for further development. If a candidate is deemed 'competent' at assessment, for how long should that status be maintained when there is no prescribed reassessment required to maintain currency unlike many professions who require continual professional development ? As Race (1990) discussed it is easy to say that a candidate 'can do' but not so easy to decide 'how competent' they are. He also discussed issues around competence over time and loss of competence. Eraut (1989) argued that the term 'competence' could be used to 'set minimum targets which limit expectations' (p. 181). He argued that people could become complacent after achieving their qualification and not continue to improve.

While it could be argued that the NVQ system has been developed to allow further development through a vertical progression pathway, this is by no means routine. As Callender (1996) discusses, the candidates' 'choices were constrained by the supply of vocational qualifications and factors totally outside of their control. They were not offered or told about a range of qualifications by training providers'. Hence, continuing development was restricted.

Issues around reflectivity and the concept of meta-competence continue with the expectation of higher education institutes becoming involved in competency-based courses. The more judgmental, reflective activities at higher cognitive levels are

relevant to the level 4 and 5 standards where management concepts, evaluative processes and proactive design are a feature of everyday practice (Race, 1990; Fleming, 1991). These higher level decisions according to Fleming demonstrate 'meta-competence' which allows a 'critical, adaptable perspective on, and ability to manipulate, one's own competences' (p. 11). Eraut and Cole (1993) discuss the need to examine two areas in the assessment of competence - professional performance and capability - which cover knowledge and understanding, personal qualities and cognitive processes. Some professions have always had an assessment of competence as well as knowledge, for example, nursing and medicine. Without competence in both areas the candidate would not be allowed to practice. However, the amount and depth of the knowledge base determined the level of professionalism associated with the work role and the associated professional accountability (Eraut, 1994).

With so much discourse developing around the concept of competence, more concerns will arise as higher level NVQs are equated with traditional routes. For example, in social care, NVQ level 4 care awards are being introduced as qualifications in residential settings. Traditionally the only qualification in the area was in social work so a discourse has developed to determine parity between the two pathways in order to address issues of 'professionalism' (Jones, 1996). Nursing is likely to experience the same issues. This leads on to a wider debate about professionalism and membership criteria. At what stage does an NVQ candidate become a 'professional' member of an occupational group? At a time of insecure employment, the distinction may cause potential conflict.[5]

[5] Attendance at the Royal College of Nursing VQ Conference, 1997 raised such an issue. The audience were asked to discuss the future membership of health care assistants with NVQ level 3 or above within the College. This caused some concern with respect to status differentials at a time when nurse employment was unstable. The motion to offer membership was rejected at the National RCN Congress in 1998.

Discussion around professionalism and membership is further complicated because competence or the ability to demonstrate skills perceived as competent could be argued to be socially constructed (Colgan and Ledwith, 1996) and value and power-laden (Barnett, 1994). As Wickham (1987) argues, the value placed on skills depends on how the skills were acquired. Those resulting from 'education, training and experience are more valued than innate characteristics or learned on the job' (p. 12). Hager and Laurent (1990) discuss the different values placed on the concept of 'trained' and 'educated'. ''Trained' suggests the development of competence in a limited skill or mode of thought whereas 'educated' suggests a linkage with a wider system of beliefs' (p. 32). If this is the case then the adoption of work based NVQs and 'training' as equivalent to traditional, professional 'education' may be problematic.

This will be further complicated if the NVQ candidate is female and undertaking NVQs in an occupational area that has become 'gendered'. A 'gendered' job results when the skills required to perform the job are devalued or attributed as natural by the nature of the person being female (Davies and Rosser, 1986; Clarke, 1991). Wickham (1987) states 'The most consistently undervalued jobs are those characterised as 'women's jobs'' (p. 12). Stereotyping women's roles and their experiences of work can result in lower self esteem and lower perception of their own job competence which can affect how easily they relate to NVQ standards if their confidence is impaired already (Matthews, 1994). This could be very relevant to the care workers involved in the empirical study.

The NVQ framework has been designed with employment and work being the main aim of the standards. Despite the rhetoric about employers being involved in the design of

the standards so that the system is 'employment-led' in order to facilitate future flexibility, it could be argued that NVQs have become 'employer-led' (Callender, 1992). As Jones and Moore (1995) state:

> 'Competency is a method whereby skills, traditionally invested within the cultures of occupational groups, are translated into 'transparent', technical forms open to direct regulation and on the basis of which they can be assigned market values ... the competency movement is essentially to do with the control of expertise' (p. 87).

While the 'control of expertise' can be seen as a negative, management controlling mechanism, implementing NVQs can be a useful tool for setting quality standards within workplaces. This is particularly relevant for sectors that did not have any previous procedures in place for measuring a worker's competence in a regulated way. However, this can only be the case if NVQs are implemented correctly.

3.5 Implementation of NVQs - the employers' experiences

The introduction of NVQs was considered a positive move by some sectors that had not traditionally offered any training or qualifications to the workforce, for example, the care sector and retailing. Keep and Rainbird (1995) state:

> '...development of NVQs has created the possibility for unskilled manual workers to have their skills recognised ... in focusing on ...outcomes rather than learning process, has created the ability for workers to obtain recognition of their skills acquired through experience either in employment or in the domestic sphere ... some groups ... such as women, whose skills are normally undervalued ... are able to obtain recognition for them' (p. 533).

The occupational standards became useful tools within some organisation for bench marking best practice, improving staff morale (Unwin, 1991) and for writing staff job descriptions and appraisal frameworks though the use of the standards for such tasks was not automatic (IFF Research, 1996).

However, the involvement of employers in training and implementation in order to keep the NVQ 'employment-led' and the NVQ adoption and success rates have been disappointing (Field, 1995). The majority of NVQs awarded have been at level 1 and 2 with only 16 % of certificates being given at level 3 or above (Field, 1995; Robinson, 1996). Within these statistics, most NVQs have been awarded within the service sectors which Robinson argues defies statements confirming that NVQs are assisting Britain to be internationally competitive (p. 13).

Implementation has been problematic particularly for small workplaces (CBI, 1994b). In 1993, the majority of employers using NVQs were large organisations but these only amounted to approximately 5% of all firms (Callender et al, 1993). With the growth in SMEs, this issue was of concern and approaches to identifying key workers to facilitate training in small workplaces were explored and supported by TEC funding (Evans and Germon, 1993; Brown et al, 1994; CBI, 1994b; DTI, 1996; Horner, 1996).

The lack of implementation of NVQs within the training schedules of organisations was attributed to a number of problems. Employers felt that the standards were either (a) too specific for their workplace and omitted the flexible, skills they required or (b) were inappropriate for the detailed work activity in their specific workplace (Callender, 1992; Callender et al, 1993; Toye and Vigor, 1994; Spilsbury et al, 1995; Beaumont, 1996). As the standards were meant to reflect the needs of the workplace, this caused some frustration and loss of credibility. The CBI were aware of this and reported that the main barrier to employer take-up was the 'lack of perceived relevance to individual and company need' (CBI, 1994b, p. 7). In some workplaces, the work activities only included a restricted range of units. To achieve an NVQ, additional experience in a different workplace was needed. Hence workers were unable to attain their NVQ (Toye

and Vigor, 1994). Many employers were also loathe to 'move over' to NVQs and replace the more traditional vocational training routes with which they were familiar (Callender et al, 1993; IFF Research Ltd, 1996).

Another major issue in deciding whether to adopt NVQs in the workplace was the lack of impartial advice and support at implementation (Winterton and Winterton, 1995). The majority of employers obtained their information from the local TECs (Spilsbury et al, 1994). While useful at a generic level, many felt that sector specific information from other employers would have been more useful because they would have experience of the system and the costs involved (ibid.). Longitudinal surveys of employers over a number of years demonstrated a gradual increasing awareness of NVQs though small firms continued to remain a problem (Callender et al, 1993; Spilsbury et al, 1994; Toye and Vigor, 1994; FEFC, 1994). Despite this increasing awareness, the IES (1995) study by Spilsbury et al. found that this did not translate into increased usage. Employers understanding of the NVQ process remained poor leading the researchers to recommend future education programmes (ibid.). Many employers also complained about the language involved with NVQs which confused their understanding of the system (Spilsbury et al, 1994, 1995).

Lack of credibility was also reported to reduce the employers willingness to invest in a system where costing was unpredictable and the end result unknown (Callender et al, 1993; Spilsbury et al, 1994; Field, 1995). Field (1995) reported that managers were suspicious of the NVQ system and some found the system bureaucratic and time consuming which affected cost. He argued that the maintenance of the system was being driven by the state in supporting youth training and 'return to work' programmes which invariably have lower level NVQs as the output.

He reported that:

> 'the NVQ initiative appears to be chiefly an attempt to provide a visible response to poor economic performance and the associated public criticisms of the British Training system ... the main function of the NVQ initiative is to serve as a tool for policy management' (p. 42).

On this basis, he felt it was understandable that many employers were not interested in adopting NVQ training. The lack of financial assistance and legal backing to implement training supported this view (Callender, 1992; Spilsbury et al, 1995).

Adoption of NVQs was found to be more likely in organisations that already had a strong training culture or were actively involved in government training schemes, for example, youth training (Callender et al, 1993; Hales et al, 1996). Some employers reported improved standards of performance and staff motivation following NVQ implementation (Unwin, 1991; Callender et al, 1993; Hales et al, 1996; IFF Research Ltd, 1996). However, for the majority there had been little impact on internal labour markets with nearly 75 % of employees staying in similar jobs though one in four were reported to have received a pay rise (Spilsbury et al, 1995). IFF Research Ltd. (1996) found similar recognition in over 60 % of the employers in their research though these studies covered a range of organisational sizes so may not be relevant to the experiences of very small workplaces.

3.6 Progress - the candidates' perspective

NVQ candidates have generally been enthusiastic about the idea of receiving recognition for their work in the form of a national qualification (Toye and Vigor, 1994; Hales et al, 1996; Callender, 1997). Many saw the NVQ as a means of improving their job prospects (Toye and Vigor, 1994; Winterton and Winterton, 1995) and reported that the

NVQ experience increased motivation (Toye and Vigor, 1994). However, a survey by Her Majesty's Inspectorate (HMI), Welsh Office (1992) stated:

> ' For many students the challenge of NVQs is in the volume of work, not in its increased complexity or level of difficulty. Many able students are disillusioned by the lack of challenge in NVQs and some left without completing their programmes. NVQs suit less able students and motivate adult students. For most school leavers, however, the curriculum is narrow and in a number of study areas, the introduction of NVQs has widened the gap between vocational and academic qualifications' (iv).

This concern with the narrowness of NVQs and inability to develop 'all-round' potential has been a common concern (Callender, 1992; Smithers, 1993; Steedman, 1994; Hyland, 1994; Mansfield and Mitchell, 1996).

The candidates' motivation and perceived enjoyment of the NVQ experience was reported to vary depending on the rate of progress (Toye and Vigor, 1994). If candidates were successful it was found that they would recommend NVQs though most commented on issues around time, support and producing evidence as factors that caused delays in the process (ibid.). The research found that almost half of the candidates interviewed reported that their progress had been easier than expected though this could have been affected by the fact that the study was looking at large organisations with designated training departments. This finding would not necessarily be similar in small organisations where the managers were also assessing and time allocation for assessment was limited.

Many candidates were demotivated by their lack of involvement in the choice about which NVQ was undertaken with many NVQs being found to be 'gendered' and mainly offered at lower levels (Felstead et al, 1995; Field, 1995; Robinson, 1996; Callender, 1997). This lack of motivation affected their progress rate. Candidates experienced

insufficient time allocation in the workplace for assessment activity (Toye and Vigor, 1994), lack of induction to the process and inadequate support and understanding of the NVQ by employers (Spilsbury et al, 1994; Callender, 1997; Sims and Golden, 1997). Melton (1994) discussed the fact that workers may:

> 'feel threatened by the whole process, particularly if they believe that they might be penalized in some way if they should fail to achieve the standards set....standards could well create a great deal of stress and considerable resistance to change' (p. 288).

The main way to overcome these worries and assist with progress was reported to be the presence of an organisational training culture prior to NVQ introduction in the workplace (Callender et al, 1993; Hales et al, 1996; Hyland and Matlay, 1997). Training was then perceived as a positive experience as the support infrastructure was already designed and implemented.

The initial marketing of the NVQ was found to be misleading by some candidates (Winterton and Winterton, 1995; Callender, 1997). They reported that they were not given accurate information about the time involved in undertaking the NVQ and this resulted in a need for support and encouragement to maintain motivation and to see the value of continuing with the NVQ (ibid.). Many reported the need to use personal time at home to supplement the NVQ activity at work (Toye and Vigor, 1994). For some, particularly mature candidates, this was a barrier to progress because they had assumed that the NVQ was work-based and consisted of having their everyday working activity assessed 'on the job'. For workers with little ambition, this personal time commitment was reported to be a deterrent because the candidates found the idea of undertaking 'study' off-putting when they could see no value or purpose in the end result (Callender, 1992; Hyland and Matlay, 1997). Morrison (1996) discussed similar findings with female, mature students returning to education. She found that study time moved into

leisure time when work and other commitments disrupted expected plans. For many, leisure time was already at a premium because of other domestic responsibilities. Her respondents commented on the need for encouragement to keep them motivated and the fact that they often felt vulnerable and insecure in returning to study. Calder (1993) concurs with this view discussing the importance of developing and maintaining confidence if adult learning is to be effective and enjoyable (p. 132).

Another major complaint from candidates and their assessors was the amount of jargon involved with the NVQ paperwork (Toye and Vigor, 1994; Beaumont, 1996; Sims and Golden, 1996). This often resulted in the candidates being unable to lead the NVQ despite NCVQ marketing the qualification as 'candidate-led' and an increased amount of work being imposed on the assessor (Toye and Vigor, 1994; Sims and Golden, 1996). Despite the increased workload on the assessors (Raggatt, 1994; Wolf, 1994; Eraut et al, 1996) most agreed that NVQs led to systematic coverage of performance, improved the candidate's understanding of their job and contributed to team building, confidence and morale (Toye and Vigor, 1994).

3.7 Issues around progression

The NCVQ framework has been designed to encourage a vertical progression pathway (Appendix A) and policy statements have also proclaimed parity with traditional qualifications particularly with the potential for level 3 NVQs allowing access to higher education as an alternative to 'A' levels (CCETSW, 1995b; Callender, 1996). For example:

> 'The NVQ framework seeks to place NVQs in a structure which facilitates progression and transcends traditional boundaries which may inhibit employment mobility and career progression.'
>
> (NCVQ, 1995a, p. 12).

However, practice varies between sectors. The original expectation of cross-occupation transferability implicit in the early concepts of breadth in the NVQ design have not been realised (Debling, 1989; Mansfield, 1989; Callender, 1992). In some sectors, there is little opportunity for progression because many NVQs have become so occupationally specific that transferability has become a problem (Callender, 1992). Despite professional bodies marketing NVQ level 3 as university entrance, many higher education institutions insist on further qualifications to demonstrate the study skills required to sustain a degree/diploma course (Dunlop, 1996d).

In order to address some of these issues, the Beaumont report (1996) recommended that NCVQ review the whole NVQ structure; reduce the number of awarding bodies and qualifications but make them more appropriate to employers; improve standardisation; and reduce costs in order to improve progression pathways by raising NVQ credibility. It was hoped to improve transferability and parity between all qualifications which were also being reviewed at the same time with particular reference to young people (Capey, 1995; Dearing, 1996; DfEE, 1996). Dearing (1996) also attempted to encourage better parity by reviewing national traineeships and modern apprenticeships and by encouraging key skills to be integrated into future NVQ reviews. However, changing attitudes may prove difficult because of the credibility issues that have arisen from the rapid implementation and 'teething' problems of the NVQ system. Interestingly, Callender's recent research (1997) found that nearly two-thirds of the candidates interviewed had accessed higher qualifications though it is unclear whether this was occupationally determined. Progression through higher level NVQs is easier within some occupational areas particularly where candidates are undertaking government

training schemes with required outcomes.[6] However, vertical progression is not automatic in all sectors, for example, the care sector (Beaumont, 1996).

An alternative approach to assessing progression can be by the recognition received by successful candidates either through promotion or pay within the workplace. Spilsbury et al. (1995) and IFF Research Ltd. (1996) found that some employers recognised achievement by giving employees attaining a qualification an advantage in terms of pay or in gaining precedence in promotion, training or other work opportunities. However, I have found little further evidence to confirm these findings. In the care sector, some NHS Trusts recognise achievement with regrading and an associated wage increase but most private, voluntary and local authorities interviewed throughout the research did not acknowledge success with payment differentials or promotion (Dunlop, 1996d).

3.8 The assessment process

The '100 %' assessment requirement of the NVQ system was designed to assess the candidate in all aspects of the job which would demonstrate consistency of performance, reduce the variability in judgement and improve reliability (Jessup, 1991, p. 48). Despite this expectation, the NVQ design has met with much criticism because the need to cover everything in the award may lead to a mechanistic approach to assessment based on behavioural concepts (Hyland, 1992, 1994; Melton, 1994; Wolf, 1995). However, Melton (1994) seemed to misinterpret the assessment process in assuming that each range and performance criteria had to be assessed on different occasions resulting in an unmanageable frequency of observation and evidence provision. An

[6] Candidates undertaking National Traineeships (Youth training) are expected to achieve a minimum of Level 2 NVQ and Modern Apprenticeships, a level 3 NVQ in order to allow the training agent to receive outcome related funding.

assessor who understands the standards and plans effectively will be able to encourage the candidate to take a more holistic approach to evidence production so one observation may provide evidence for parts of a number of units.

Initially, assessors were encouraged to undertake assessment at unit level (Jessup, 1989, p. 75). However, early in the implementation process the increasing specification and hurried introduction led to an approach where assessors and candidates got trapped into concentrating on performance criteria in a fragmented way (MacFarlane, 1994). Later reports did not resolve this problem, for example in his report to NCVQ, Mullin (1992) recommended that NCVQ encourage assessment at element level. This has not worked in practice and more recent recommendations have moved towards assessment across units where possible and at least across all the elements in a unit (NCVQ, 1995a). Beaumont (1996) supported this approach to assessment and the new standards for care have been redesigned to list the performance evidence and required knowledge at unit rather than element level to discourage a fragmented approach.

Within the NVQ structure, the bulk of the NVQ work is performed by the assessor and candidate. The assessors are usually someone with more experience or supervisory responsibility in the workplace for whom observation of the candidate's work should be a routine feature of the organisation (City & Guilds, 1992; JAB, 1992c, 1997a). They are expected to be occupationally competent in the area they hope to assess (ibid.). It was hoped that this arrangement would make for a cost effective assessment system. However, this simplistic picture does not take account of the complexity of the NVQ and the workplace, the cost of assessment time or the need for training to fulfil the assessor role and the candidates knowledge requirements. As discussed in section 3.6, in some occupational areas, for example care, the standards have proved so complex

that the candidates are rarely able or willing to lead the NVQ without reassurance from the assessor (JAB, 1994, 4.1; Murphy et al, 1995). This has resulted in an enormous time requirement on planning, interpreting the standards and often giving training alongside assessment because resources in the workplace do not allow the candidate to attend external training arrangements (Toye and Vigor, 1994, p. 34). Often, assessors do not obtain remission from other duties in order to assess candidates so they have to add the additional burden onto their everyday work commitments. For some, this means undertaking NVQ administrative tasks in their own time if the candidate is to progress (Toye and Vigor, 1994; JAB, 1994, 5.1). This is further complicated in environments where candidates and assessors have to work on a shift rota so may not meet regularly without active planning (JAB, 1994, 5.11). The expectation of simply assessing everyday work has expanded to one of training, assessing and administering the NVQ if the standards of the sector are complex. This move towards increasing assessor responsibility within the NVQ process has been acknowledged gradually in more recent NCVQ publications which encourage potential assessors and managers to make a more informed decision before deciding to implement NVQs.[7]

The need to identify appropriate personnel in the workplace to facilitate the NVQ process can be a problem depending on the size of the organisation. In small workplaces, the assessor is often the line manager or supervisor, if not the owner of the business, with significant time constraints and concern for the cost of the business (Field, 1995). The role conflict experienced because of the assessor's dual responsibilities can be detrimental to the candidate (Bates and Dutson, 1995). When other work has higher priority, NVQ can become a 'peripheral concern' (ibid. p. 45) and

[7] *Implementing the national standards for assessment and verification [second edition]*,(1996), 4.2, p. 11; *Assessment of NVQs and SVQs*, (1997), 3.3, p. 14

employer expectations may pressurise assessors to progress at a cost effective rate. As Ryan (1994) states: 'Employer dominance of assessment permits the best informed party to pursue its interest in certifying low quality as high quality training' (p. 112). To overcome some of these issues, smaller organisations were found to use external assessment arrangements (Toye and Vigor, 1994). With the increasing numbers of trainees, peripatetic assessment by colleges and training agencies has become more routine.

The completion of an NVQ is dependent on a candidate's performance being judged by an assessor. The expectation at the inception of the NVQ process was that by judging performance against the detailed occupational standards, the assessor's judgment would be objective and straightforward. By detailing the required 'outcomes' to the point of 'transparency', both candidate and assessor were expected to understand the process (Wolf and Silver, 1995). However, as Wolf (1994) reports:

> 'In fact nothing could be further from the truth. The inherent variability of the contexts in which competence is tested and displayed means that assessors have to make constant, major decisions about how to take account of that context when judging whether an observed piece of evidence 'fits' a defined criterion ... they operate with a complex, internalised, and holistic model - not a simple set of descriptors lifted from a printed set of performance indicators' (p33/34).

Hevey (1996) concurs with this and states that the ability of assessors to 'have a degree of discretion in how rules or criteria are applied' is essential (p. 8).

The NVQ process was designed on the assumption that the occupational expertise required in assessors was present already and of a competent standard (Wolf, 1995; JAB, 1997a; NCVQ, 1997a, 2.2.3, p. 16). The quality assurance implemented by NCVQ only measures the ability to assess not to have the expertise required to judge whether the performance observed is to national standards and competent. The system

is supported by the belief that organisations already have developed standards with which to compare and integrate the national standards (Wolf, 1995, pp. 64-65). However, these assumptions and beliefs about employer/employee backgrounds have resulted in problems in the assessment process.

NCVQ detail 'four key stages in the assessment process - planning; collecting and collating evidence; judging evidence; and making an assessment decision'*(* NCVQ, 1995a, p. 28; NCVQ, 1997a, p. 25*)*. To ensure that all assessors are working to a similar standard, the '*Common Accord*' (1993 and 1997) stated that all assessors and verifiers should be qualified in appropriate training and development 'D' units in an attempt by NCVQ to improve the quality assurance of the system. However, this has not addressed the issues around lack of standardisation (Beaumont, 1996; NCVQ/ SCOTVEC, 1996). Some assessors were felt to lack occupational expertise (Murphy et al, 1995; NCVQ/SCOTVEC, 1996, 3.4.6) and different assessment centres and awarding bodies implemented the standards in different ways resulting in a perceived lack of value to the qualification (ibid. 3.4.7). While NCVQ encourage the awarding bodies to accept each others' qualifications in order to facilitate credit transferability (NCVQ, 1995a, p. 9), informally there have been reports from care assessment centre managers about the methods, speed and validity of some of the assessor qualifications (JAB, 1994; Dunlop, 1996d).

The variations in interpretation and assessor practice can be associated with the structure of the NVQ process which leaves the assessors with little support or ability to determine a common standard because of the 'in-house' nature of assessment. In some occupational areas where qualifications were not previously available, designated assessors may themselves lack the competence or confidence to assess because their

progress and promotion has been based on 'working up through the ranks' (JAB, 1994, 7.19). While their practical approach may be competent, they have not had the facility to consolidate any knowledge base because of their lack of qualifications and may feel overwhelmed by the task of supervising at work and assessing/training using material for which they are ill equipped themselves.

These insecurities in the assessors along with pressure of work, pressure to progress the candidate or to meet targets have resulted in an assessment process that bears little relationship to the 'transparency' model discussed earlier. Even assessors who are equipped to cope with their extended role do not approach the process in the straightforward way assumed by NCVQ. As Wolf (1995) discusses, assessors 'compensate, make allowances, interpret, explain away' (p. 71). Familiarity with the process results in an 'internalised model of competence' which may not be in agreement with other people and may supersede the NVQ standards when judging competent performance (Mullin, 1992; Melton, 1994; Murphy et al, 1995; Wolf, 1995; Eraut et al, 1996). Assessors were also unable to remain objective because of their close relationships with the candidates and familiarity with their normal performance in the workplace which biased their judgements (Callender, 1992; Murphy et al, 1995; Eraut et al, 1996) and limited consistency (Wolf and Silver, 1995).

This inability to detach from previous assumptions about necessary requirements to undertake a job, the specifications of the standards and a lack of ability to step back from the fragmented assessment approach common during implementation of NVQs, led to concerns about the reliability and validity of the NVQ. Assessors were unsure about how much evidence should be provided in order to confirm competence (Black,

1994) and awarding bodies were inconsistent in their advice which reduced confidence in the system (Murphy et al, 1995).

To address some of the issues around evidence requirements, a *'Sufficiency of Evidence'* project (Raggatt and Hevey, 1995) was undertaken which confirmed that assessor decisions were a complex mix of past experience, personality and professional judgement. Insecurity in the assessor role resulted in some assessors requesting excessive evidence from the candidate. Consequently, the workload became heavier as the assessor and candidate 'scrambled' to find evidence to log against every statement in the standards in order to satisfy the internal verifier (ibid.).

To complicate the system further, despite being a competence-based award, most NVQs have become a paper exercise in the form of portfolio building (Murphy et al, 1995; Eraut et al, 1996). As discussed in Section 3.3, the need to develop systems which allow the evidence to be recorded and filed in order to allow verification has resulted in a diversity of paperwork and quantity of evidence provision across awarding bodies and centres. These variations have consequences for assessment time, standardisation and credibility of the NVQ (Murphy et al, 1995). Also, the lack of standardised recording sheets and exemplar evidence from the awarding bodies has meant that transferability across centres has been problematic for candidates and assessors. While a certificated unit cannot be withdrawn, the diversity of evidence presentation found by centres inheriting candidates and assessors from elsewhere has resulted in centre managers wishing to re-confirm competence before allowing an assessor to practice in their centre in order to maintain the quality systems they have designed (Dunlop, 1996b).

While the portfolio presentation route has become popular with awarding bodies, there are difficulties in ensuring that the balance between the requirements and the methods of evidence production do not become a barrier to access and progress. This tendency towards a paper system has been encouraged further by comparative studies undertaken to evaluate assessor judgements. Often they have represented the evidence for judgement on paper (Murphy et al, 1995; Raggatt and Hevey, 1995). While the findings are valuable, confidence in deciding competence can only be determined by the observing assessor. Published studies based on paper evidence may encourage verifiers to become absorbed with written detail and consequently add further pressure to the assessment system. At the lower levels, certainly in care, the majority of the evidence is gained from naturalistic observation by the assessor in the workplace and the associated paper only summarises the observation. To organise standardisation systems based purely on the quality of paper evidence would be inappropriate and would limit access for mature workers who lacked the confidence to present written material.

3.9 Quality assurance

The credibility of the NVQ system is based on the quality assurance systems implemented by NCVQ and the awarding bodies. Unlike many traditional education routes, the NVQ system lacks external testing, sampling or examination to ensure national standardisation. As Eraut et al. (1996) report 'the quality of NVQs is meant to be assured by two mechanisms: specification and verification' (p. 7). The concerns about the increasing specification have been explored already. The remaining verification process depends on internal verification by the assessment centre and external verification by the awarding bodies.

The internal verifier ensures quality assurance by sampling assessment decisions in portfolios and hopefully by observing assessment practice on occasions (NCVQ, 1997b, 2.1). Once again, the NVQ system assumes a solid occupational base for the verifier and the correct understanding of the NVQ system because s/he is the main provider of information for the assessor (ibid. 2.2). However, Peregrine et al. (1994) found inconsistencies in the sampling methods used by internal verifiers which affected the quality of the assessment centre.

A small assessment centre may only have one internal verifier. Small workplaces within the assessment centre may have only one assessor who has been responsible for informally 'training' staff using a 'sitting by Nellie' approach until the advent of NVQs. S/he may interpret assessment practice subjectively as discussed in an earlier part of the chapter and lack thoroughness in his/her approach (Murphy et al, 1995). The internal verifier may not realise that what is submitted in a portfolio does not in fact match the national standards in practice. As the only external monitor to the workplace assessment system, if s/he is unaware of the assessor's lack of understanding then the whole qualification may be certificated at a level which is substandard. There is no mechanism for external critical assessment of workplace practice. In the worst scenario, a whole assessment centre may be incorrectly gaining NVQs because the verification is provided by the centre manager who has not grasped the requirements.

The expectation that this problem would be identified by the external verifier does not appear to be upheld (Beaumont, 1996; Dunlop, 1996d). External verifiers sample some portfolios but their main objective is to check that the procedures in the centre are conforming with awarding body requirements (NCVQ/SCOTVEC, 1996, 3.4.4). Often, they are only required to visit a centre twice a year. Differences in external verifier

practice have been highlighted (Murphy et al, 1995; Beaumont, 1996; Dunlop, 1996b). The inconsistency in the information given by external verifiers from the same awarding bodies has reduced confidence in the system (NCVQ/SCOTVEC, 1996) and resulted in Beaumont (1996) recommending that the role of the external verifier should become independent of the awarding bodies to improve consistency and quality (ibid. 4(ii)).

The concerns about quality assurance are increased when target driven agencies co-operate with workplaces in order to offer NVQs (Murphy et al, 1995) :

> '(NCVQ) has clearly stated that they expect (NVQs) to be employment-related and to incorporate a requirement for evidence of effective performance in work-related situations' (Debling, 1989, pp. 91-92).

> 'It is likely that many vocational qualifications will be unavailable unless the individual has the opportunity to develop and demonstrate competence in a work related situation which captures the key characteristics of the workplace' (ibid. p. 93).

Despite the early expectation that NVQs should be offered in the workplace by employers to allow practical assessment 'on the job', many colleges and training agencies are now undertaking NVQ courses (Wolf, 1995; Beaumont, 1996; Hyland, 1996; Robinson, 1996). In more recent research, Field (1995) and Robinson (1996) found that up to two-thirds of NVQs had been awarded through educational institutions supported by government funding. However, this only illustrates the type of assessment centre. Some candidates are full-time workers in a company but the college administers the NVQ or provides assessor or verifier services.

The move back towards college involvement is contrary to the initial development of competency based education and training (Hyland, 1994; Eraut et al, 1996). The new model was hoped to move youth training away from college-based curricular activity

into work experience in the hope of attracting candidates who had previously poor experiences of educational establishments and for whom further college based activities would be unattractive (Williams and Raggatt, 1998). It was also supposed to enable adult workers to have their skills recognised. However, NCVQ did comment on the ability to acquire evidence during training programmes as early as 1988 (21, p. 7) and more recent publicity from NCVQ and SCOTVEC detail S/NVQs as an option for young people undertaking a training programme at local colleges.

This move towards a more structured, college-based approach was encouraged by the government's directive that all vocational training should be NVQ-related. At a time of incorporation and removal from the local authorities, colleges were forced to adopt NVQs in their main training areas because of the nature of the funding arrangements - FEFC funding which is outcome related and TEC funded training schemes which provide profitable routes for training agencies. The end result is that the majority of NVQs are being undertaken in colleges often by young students with no work experience (Robinson, 1996). For full time students the ability to obtain work placements remains problematic resulting in some college areas offering NVQs based on simulation (Hyland, 1994; Raggatt, 1994). The perception of quicker progress at cheaper cost has opened up the training sphere into a market place.

Raggatt (1994) argues that this development is the result of the inbuilt flexibility of the NVQ system. In an attempt to improve accessibility to qualifications for mature workers in full-time employment, NVQs do not specify mode of learning, location or rate of progress. A candidate does not have 'to follow a recognised course, syllabus or training programme ... the only concern is whether they can provide evidence that they can perform competently against the standards' (p. 60). Assessment of NVQs can be

done by any organisation recognised as an approved assessment centre. However, this inbuilt flexibility designed to encourage access and equal opportunities for workers with no previous qualifications has been modified by some agencies in order to meet targets. The lack of specified time for completion has been superseded by detailed targets for candidates who are TEC or FEFC funded (Stanton, 1996).

There has been much concern that the target-driven approach designed in order to obtain outcome-related funding has undermined the quality of the NVQ (Murphy et al, 1995; Stanton, 1996; Beaumont, 1996; Eraut et al, 1996) and that 'adherence to minimum levels of competence, and the setting of too low a standard at level 2 in many sectors, is leading to the training of a semi-skilled work-force' (HMI Welsh Office, 1992). Much anecdotal evidence and 'bad press' reporting confirms the variation in methodology found because of the pressure of achieving targets and some concerns about fraud within agencies.[8] As a result, the reliability of the NVQ assessment process has been questioned.

The variation in implementation models across assessment centres and awarding bodies has resulted in concerns about the reliability and validity of the NVQ (Peregrine et al, 1994; Eraut et al, 1996). To overcome some of the concerns regarding standardisation and quality assurance, there have been some discussions regarding external testing or

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[8] Nash I. (1996) 'Secret skills retreat ordered' in *TES,* 14.6.96

Hencke D. (1996),' Training hit by company fraud' in *The Guardian,* 13.6.96

THES, 14.03.97 (pp. 1 and 4) *Incorrect payments made to training organisations, QCA to have tough new statutory powers to remove public-funded qualifications and public-accredited awarding bodies from approved list if not performing as required by law.*

Byrne C. and Barot T. (1997), 'NVQs that leave their students Not Very Qualified', *Sunday Times,* 20.7.97

assessment to ensure national standards are maintained (Wolf et al, 1994; Layard et al, 1994; Wolf, 1995; Beaumont, 1996). Layard et al. state:

> 'To guarantee standards these qualifications require a strong element of external assessment. Wherever possible assessment should include nationally graded written examinations, as one common measuring rod.' (p. 23).

However, the care sector is concerned about the implications for equality of access particularly for mature candidates who have difficulty with paper exercises and fear that this approach might limit take-up.

3.10 Finance

One of the main constraints on assessment is limited funding (Eraut et al, 1996). As well as the lack of central funding explored earlier in the thesis, lack of resources reduces the effectiveness of NVQs if the process is compromised in order to keep the costs down. The inability to assess the financial implications of introducing NVQs into the workplace was found to be off-putting for employers (Spilsbury et al, 1994) and has been highlighted in a number of recent publications - *The Awarding Bodies Common Accord* (1997) and *Beaumont Report* (1996). Many assessors are subsidising the true costs of implementation by using their own time for administration in order to save replacement costs to the employer. This, along with the marketisation of training and financial incentives to achieve completed NVQs, has led to some concern that candidates have been incorrectly achieving qualifications (Eraut et al, 1996).

To encourage a more cost effective approach to assessment, a large market has opened in which publishers and training agencies have developed varying models of paperwork systems or assessment methodologies to try and reduce the development or assessment costs for employers. However, with continual reviews and changes to the NVQ criteria,

small workplaces are unlikely to be able to afford the investment. The issue around national standardisation of the end result remains problematic.

3.11 Summary

The issue around skilling the workforce in general required a national framework of training to be available in a standardised way to workers. The need to be able to measure performance and therefore quality of competence resulted in the development of the NVQ framework. Despite the expectation of skilling the workforce with broad, flexible competences, the NVQ system has been criticised for its narrowness and inflexibility. Implementation of the system has proved problematic with insufficient guidance from the awarding bodies and NCVQ to ensure that a national standard is being maintained across centres.

The result is that the uptake of NVQs has been much lower than expected within the workplace and the majority of awards have been given at lower levels to young people undertaking government sponsored schemes. The promised transparency, transferability and progression pathways have not developed as expected and further reviews are ongoing to try and improve the credibility of the NVQ. However, with the increasing marketability of training and the fact that all agencies involved in the NVQ process are in business, market forces have led to competition across awarding bodies, training agencies and assessment centres that has done little to support the policing and encouragement of the highest standards. In the target-driven audit society, throughput rather than quality output has become the expected pattern.

Having provided the context for the research, the next chapter will introduce the occupational sector chosen as the case study for the empirical work - the care sector.

Traditionally, the sector had little formal training for unqualified support workers and enthusiastically adopted NVQs, particularly in the health sector, as a means of confirming competence in the workers as well as providing a quality control mechanism for care practice. The small residential care businesses in the independent sector have similar characteristics to other SMEs in Britain - mainly a growth in the number of organisations in the sector, a degree of dependency on larger organisations and the use of part-time workers to staff the workplaces. As such, their experiences were valuable in exploring issues around implementation of NVQs in small businesses.

Chapter 4 The Care Sector

Chapter 3 discussed the development of the NVQ framework and the problems that have been experienced during the implementation period of the strategy. In this chapter, the background to the occupational sector chosen for the research - residential care in the non-statutory care sector - will be introduced. The organisation, funding and staffing of homes will be outlined before turning to the development of the lead body for Care - the Care Sector Consortium (CSC) and the development of standards in the sector. As was the case with the earlier general review of NVQs, the implementation of NVQs in social care has been a slow process with concerns around standardisation, progress towards the qualification, progression and finance. While the previous chapter outlined the literature relating to general implementation issues, the review in this chapter will be care specific.

The decision to choose this sector was the result of two main factors: my personal and professional familiarity with the sector and the fact that the care sector features many of the problems arising when small businesses seek to deliver NVQs. These difficulties need to be identified and understood if NVQs are going to be widely available to adults in the workforce. The increasing trend in small business development makes this an important area to research.

4.1 Organisation

The Care Sector consists of a number of different sectors which interface to provide care for varying age groups. The main division lies between the statutory services and the independent sector. While the independent sector may function under a regulatory

framework, for example the need for residential homes to register and be inspected, there is no legislative requirement for the sector to exist. The independent sector is made up of the private sector in which establishments function to make a profit and the voluntary sector in which organisations are usually registered charities.

As with many services, both public and nationalised, the changing philosophy of the New Right over the last twenty years and new public management have resulted in a decentralisation of resources and an increase in competition in order to improve efficiency (Minford, 1987; Walker, 1993; Hadley and Clough, 1997). The welfare state was no exception because it was felt that the bureaucracy and dependency that had developed since its introduction was expensive, rigid and unlikely to remain financially viable because of the changing demographics within society. The government hoped to encourage people and families to take more financial responsibility for the welfare they required including caring for elderly relatives and not assume that the 'nanny state' would provide.

A review of care provision had been undertaken in the late 1980s and early 1990s: the *Wagner Report* (1988) which discussed the need to improve residential care; the *Griffiths Report - Community Care: Agenda for Action* (1988) which highlighted a number of deficiencies in both health and social care and recommended a more cost effective community care policy; *Caring for People: Community Care in the Next Decade and Beyond*, (DOH, 1989) which reviewed social service provision and encouraged the move away from institutional care by changing the funding arrangements for care provision; and *The Health of the Nation* (DOH, 1992) which recommended changes in the NHS (for a full outline see Peace et al, 1997).

The culmination of the various reviews was the introduction of the *NHS and Community Care Act, 1990* (NHSCCA, 1990) which introduced a major reform to care provision. A key change was the decentralisation of funds from the Department of Social Security (DSS) to the local authorities which took effect from April 1993 (Health Committee, March 1993, 1.1). At this point the local authorities became responsible for purchasing nursing home and residential care in the independent sector following an assessment of the client. This resulted in all sectors being encouraged to open up the market for care by developing competitive 'quasi-markets' and a 'contract culture' (Hoyes and Means, 1993).

Associated with the changes were a number of rules that altered the way social services were organised and funded. One of the key objectives detailed in *'Caring for People'* 1989 was 'to promote the development of a flourishing independent sector alongside good quality public services' (1.11: p. 5). Local authorities were to become 'enabling agencies' and to encourage this, authorities were expected to use 85% of the transferred budget to purchase their residential and service needs from the independent sectors from 1993 (Health Committee, 1993, II: 20; Flynn and Hurley, 1993; Hadley and Clough, 1997; DOH, 1997a, 1.6d). This resulted in a rapid change to the structure of local residential homes and community care provision.

Many social services 'sold off' groups of their homes to the independent sector which formed them into Trusts with charitable status (Day et al, 1996; DOH, 1997a, 2.34). Service agreements were introduced to the voluntary sector groups who were promised grants in exchange for specified, agreed amounts of care - though some risked losing their autonomy and ability to independently represent their client groups because of the arrangement (Walker, 1993; Reading, 1994).

However, the main consequence of the changes was a rapid growth in private residential and community care services. Services that had been free to the user became subject to costs, for example, home care (Balloch, 1994). Care provision was co-ordinated through local authority care managers who assessed the client, agreed a care package in association with the client and then purchased the required care by contracting with the appropriate services who agreed to provide the care at a specified cost. Consequently, care managers have considerable influence over the financial stability of the private and voluntary sector homes because the homes may need client referrals in order to remain in business.

While assessment of the client was promised in the Act, provision of services was not. The move away from the local authority monopoly on providing services to one of co-ordinating and purchasing - the 'purchaser/provider' divide - was hoped to encourage a 'mixed economy of care', supposedly reducing costs because of competitive tendering of services while giving the client choice and control over their needs (DOH, 1989, Section 3.4). However, Walker (1993) argues that this approach merely served to 'residualise' the social services by 'fragmenting' community care in order to provide cheap care options through a process of 'marketisation' and 'decentralisation' (pp. 214 - 215). Despite the benefits of the new organisation reported by the government (DOH, 1997a, 2.24), the expectations of choice and control have not been realized (Hadley and Clough, 1997). Local authorities have remained poorly resourced, unable to meet their service requirements, have had to design care within resourcing constraints so reducing client choice and for many clients the experience has been a negative one (Statham, 1997).

While closer interagency consultation has been encouraged, differences in the funding arrangements has caused friction between the NHS and Social Services (Hunter, 1994; Harding et al, 1996). An elderly client in an NHS bed receiving acute care does not have to pay for the service. However, once the treatment of the acute medical problem has been completed the elderly person should return home or be transferred to supportive care in a nursing home. At this point, under the changes in funding arrangements following the 1990 Act, social services become responsible for assisting with financial support if it is needed. However, because of a lack of resources in social services, patients are often unable to be discharged to their homes or offered a placement in a residential or nursing home because there is no money to support them (Age Concern, 1996, 6.12). As a result, NHS 'bed blocking' has become a feature of more recent problems because the elderly person is unfit to return to their own home without support but, from a health point of view, is no longer in need of the expensive, acute NHS bed.

This problem has been compounded by the fact that the NHS started to decrease the number of long-term beds for the elderly before the implementation of the *NHS and Community Care Act 1990* (Health Committee, 1993: 5; Hunter, 1994). Many areas closed their old psycho-geriatric facilities in favour of providing long term care in independent residential and nursing homes. This trend was encouraged by the legislative changes which allowed supplementary benefits to be paid to people in care homes at a locally determined rate (Health Committee, 1993: 4) which reduced the financial load on the NHS and encouraged early discharge to homes in the independent sector. As with residential care, the changes in social security funding in the 1980s saw a rapid growth in private nursing homes residents (from 2,700 in 1980 to 194,000 in 1994) (George, 1996). In the 1970s, 25% of elderly clients receiving care in residential

or nursing home settings had their fees paid by the NHS (ibid.). By 1994, the NHS fee payment in nursing homes had reduced to 5% with the remaining clients having to be means tested or purchase care themselves (ibid.). The increasing move towards means testing and the need to pay fees was of concern and further guidelines were developed to encourage a shared plan between both authorities to avoid conflict (Peace et al, 1997).

The occurrence of 'bed blocking' also compromised the efficiency of the NHS internal market. Hospital Trusts are dependent on contracts with General Practitioners and other health authorities and Trusts in which they specify the provision of certain services at an agreed cost over a specified period of time. 'Blocking' reduces the expected turnover time so preventing the hospitals from providing the promised beds for agreed acute services (Hunter, 1994). More importantly the inability of the local authority to finance the transfer of the client to a more appropriate place within the independent residential sector has consequences for the independent homes. The erratic nature of the market place has left the smaller homes vulnerable because of their dependency relationship with the local authorities.

The supposed empowerment and increased choice in the new care market only exists if the client has sufficient money to finance long term care. Many clients are stuck in the middle of resourcing games with little control. The expectation of funding being the responsibility of the individual rather than the state has caused undue stress at a time of life when people hope to be settled (Age Concern, 1996). With the average weekly fee in a nursing home in 1995 being £333 and in residential care, £239 (Laing and Buisson, 1996) the need to be means assessed before admission into residential care has caused some upset for clients and their families who find that they have to spend their savings or sell their home in order to finance care (ibid.: 2.7).

To try and reduce the pressure on families, the government has increased the personal and capital allowances which are disregarded before assessment and a number of insurance schemes have been designed to reduce the financial burden (Age Concern, 1996; George, 1996; Harding et al, 1996). However, as a result of the costs involved, clients may not choose the residential care option at an appropriate time. By staying at home for longer, either with or without community or family support, the elderly person may be more dependent by the time of admission to a home. This has consequences for the number of staff and the type of care provision needed in the care home.

Despite the recent reforms, social security expenditure on supporting the elderly and other people in residential and nursing homes is still running at about £1.75 billion (DOH, 1997a, 1.3). The three main responsibilities of social services - assessment of care needs, care provision and regulation of care provision in the independent sector (ibid., 1.6b) - has been determined by legislation which is now considered dated and inflexible for decision making. The government has stated its intention to review the role in the Social Services Reform Bill in the near future. This will address issues around staff training as well as determining a new statutory framework (ibid., 1.7c, 1.8).

4.2 Residential care

Prior to the early 1980s, most residential care was provided by the local authority (Peace et al, 1997). After the introduction of the *1983 Health and Social Services and Social Security Adjudications Act*, there was a rapid increase in the number of residential homes because of a growth in social security subsidy.

> 'In the 10 years between 1976 and 1986 the number of residential places ... grew by more than 260% (and between 1980 and 1990 by more than 400%). Financially, income support in independent homes rose from £10 million to £878 million between Dec'79 and May'88' (Henwood, 1992, p. 29).

However, the financial changes detailed in the Community Care Act have reduced the ease of transferring money within the benefit framework and the rapid increase in new homes has stabilised. It is expected that the number of people over the age of 75 years, and the proportion they form of the total population, is projected to double over the next 50 years, while the number aged 90 and over will increase fivefold ('1992 - based National Population Projections' in *Age Concern Statistics Sheet* - An Ageing Population in the Future, 1997). The demand for care will rise significantly in line with this increase so the need for residential and nursing care is likely to be growth market.

4.2.1 Regulation

The *NHS and Community Care Act, 1990* requires local authorities to support people in their own homes for longer before considering admission to residential care. As a result, people moving into homes are older and much more dependent than they used to be. While residential care has been regulated for some time under the *Registered Homes Act, 1984,* support in the clients' home has not been covered by any regulating body. This is due to be reviewed in the Social Services Reform Act.

Regulation of residential homes takes the form of inspection visits twice a year by the local authority inspection units. Nursing Homes must be inspected by the Health Authority. In 1996, 107 inspection units were responsible for the registration and inspection of 12,000 residential homes with over 300,000 places (Day et al, 1996). Theoretically, residents in residential care are expected to be fairly independent and not require any nursing care. If their health deteriorates, they are expected to move into a nursing home which is required to have a registered nurse on duty at all times. However, because prospective clients are remaining in their own homes for much longer, by the time they are admitted into care they are much more dependent than previously. Very few residential care clients do not require some nursing needs which

has implications for existing staff and the training of new staff. As residential homes are required to extend their range of functions and responsibilities, the staff need to gain an increasing range of skills and skills mix if a quality service is to be provided.

To avoid the need for movement between residential and nursing homes as dependency increases, some homes have obtained dual registration from both health and social services. The need for duplicate inspections will be reviewed under the new Social Services Reform Act and inspection units will become a single regulatory authority (DOH, 1997a, 4.9).

Despite the inspection requirements for the independent sector, residential homes run by social services have only recently had to undergo the same procedure as independent homes, a practice which caused some conflict (Day et al, 1996). While homes in the independent sector might have to make costly changes following an adverse inspection report, local authority homes in the same geographical area did not have to undertake the same changes because of their resource limitations. This had financial consequences for small homes who were already dependent on the local authority for referrals. Home owners felt frustrated by the double standards and the lack of commitment by local authorities to promise steady referrals in return for their investment. Following the *Burgner Report* (1996) this has changed. All homes now have to be inspected in a similar way.

However, the changes in funding arrangements have led to a growing concern that pressures on local authorities to provide residential placements may lead to a compromise on the quality of care and inspection in favour of competitive costs. Some evidence of this has surfaced recently following some investigative journalism. A

number of inquiries were instigated in 1997 following concerns that residents in care were experiencing financial abuse.[9] Paul Nuki launched a campaign with the *'Sunday Times'* to expose poor practice and abuse within homes to coincide with the Government's review[10].

Variability in the quality of inspection units, mainly because of inadequate resourcing and potential conflict of interests between personnel involved in inspection and purchasing of services, has been found (RCN, 1996). Further variations were also confirmed in a study of residential care inspection (Day et al, 1996). The government is expected to introduce a White Paper during 1998 reviewing the regulatory system which is expected to reduce social services direct involvement in providing residential care in favour of the independent sector. This should allow the service to concentrate on providing an independent regulatory mechanism to ensure quality of care (DOH, 1997a, 2.30). However, unless adequate resourcing for staffing and standardisation of inspection requirements are enforced, any recommendations made in the new White Paper are likely to fail.

4.2.2 Residential homes

Many residential homes are small establishments 'accounting for 40 percent of newly registered beds in the year to mid-1994' (Laing, 1995: A222) which have been started in modified housing by husband and wife teams (Peace et al, 1997) and average a 16 bed registration (Laing, 1995: A222). The success of the business is directly related to

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[9] Office of Fair Trading was concerned about the poor value for money experienced by residents in what is now a £4.9 billion a year business. (Nuki P. 'Old folks' homes face fees inquiry', *Sunday Times,* 6.7.97, p. 11)
Nuki P. 'Homes fleece elderly of allowances', *Sunday Times*, 14.9.97, p. 24.

[10] Nuki P. 'Exposed: homes that fail the old', *Sunday Times*, 31.8.97, p. 4; Nuki P. 'Boateng out to halt abuse of elderly', *Sunday Times*, 12.10.97, p. 4; Editorial, News Review, - 'Protection for the elderly', *Sunday Times*, 12.10.97, p. 4.

having enough residents to maintain a financial balance. These businesses are very 'dependent' on referrals from local authorities for placement of clients following care assessment (Rainnie, 1989). Many homes are experiencing problems because of the limited funding within social services which is particularly acute towards the end of the financial year and restricts the number of new referrals that can be supported financially. At a weekly cost of nearly £300 per person, the loss of three clients can be a significant financial burden unless further placements are forthcoming.

The amount of money involved in the sector and the difficulties experienced by small entrepreneurs has encouraged large corporate groups to gradually move into the residential and nursing home market. Their size allows them to offer attractive contracting arrangements frequently to the detriment of the smaller businesses. However, the need to be cost effective may result in large establishments, which almost verge on the 'institutional', being developed which defeats the expectations of the 1989 White Paper:

> 'The Government believes that continuous care is best provided in small units which can develop a more home-like atmosphere than is often possible in wards in large hospitals. Such units can offer patients their own room or personal space, and an informal style of care, without, for example, a formal daily timetable or staff uniforms' (DOH, 4.22)

Peace et al. (1997) discussed concerns that the introduction of the *NHSCCA 1990* would affect the business of care and reported that there has been little impact. However, during the study period, a number of small homes in the local geographical area were experiencing financial problems and some had closed because of a lack of placements by social services. The inability to sell the homes as going concerns had limited the market and a few owners commented on the Community Care Act 'killing' the small homes.

This was further complicated by the local authority implementing unofficial geographical boundaries when placing clients; by the building of a purpose-built residential home by a large care company in the vicinity; and by the local authority overspending which prevented further client placements within the financial year. With so much uncertainty, it was difficult for managers to value the need to invest in training in such an unsettled climate.

4.2.3 The staff

The management of small residential homes is usually carried out by the owners or by managers employed by the owners (Peace et al, 1997). Owner/managers sometimes live on site particularly when the business is building up because this reduces the need to pay extra staff until they have a full complement of residents. Most undertake management tasks, care tasks, and training of staff as well as providing support as needed to assist in the running of the home and can be considered as 'small employers' under the Scase and Goffee classification of employers (1982; 1987). While many have come from a nursing or care background, there is no legal specification that they should have professional qualifications. However, all must be assessed by the registering local authority to determine whether they have the necessary skills for the post (Peace et al, 1997, p. 34)[11].

The day to day care activities in the homes are carried out by care assistants who are mainly female, part-time workers with few qualifications (Penna et al, 1995). Senior carers may be expected to 'act-up' in the absence of the owner/manager and undertake supervisory responsibility for more junior staff. Peace et al. (1997) discuss earlier

[11] '*Manual & Code of Practice for Residential Homes*' - Northants County Council (1995), Section 7 states that the manager must have knowledge of legislation, experience in residential care preferably at senior level, experience of employing staff, understanding of the client group and have either a professional qualification and one year's relevant experience at senior level or 3 years relevant experience at a senior level. This is explored at a 'fit person' interview with officers of the inspection unit.

research where they found that most care staff were either young and working in care as a last option or middle-aged and using care work as a means of returning to work while still multiplexing the domestic care role at the same time (Lee-Treweek, 1997). Peace et al. (1997) found that none of the workers in their study were qualified or expected to be trained. This was confirmed in a more recent study (NISW, 1997) which found that less than 1% of the 500 staff interviewed had any professional qualifications and in three homes no member of staff had any formal qualification which has major implications for the quality of care and the introduction of NVQs in the workplace.

Residential care has a 'gendered' image which leads managers to recruit female workers and encourages women to see continuity between their domestic and child rearing experiences and caring (Davies, 1995; Lee-Treweek, 1997; Peace et al, 1997). The expectation of caring skills being innate because a worker is female reduces the need to offer training because the skills are apparently continuous with 'normal' female characteristics. As well as this assumption, women are also attractive as employees because their dual responsibility for work and family makes them more willing to work the unsocial hours needed to provide care. This concept was confirmed by the pilot survey of candidates where a third of the workers reported that they had chosen care work because it fitted in with their family and for a few there were direct comments about the fact that care work 'filled the gap' when their own family left home (Dunlop, 1996a).

Care work is considered hard, dirty and of low status (Youll and McCourt-Perring, 1993) and low morale is common (ibid.). Despite the Council of Europe specifying the 'decency threshold' of pay as £4.76 per hour in 1990 the pay in care remains poor with a 1996 hourly rate varying from £2.50 to £4.50 depending on the geographical area (Peace

et al, 1997). While women may get satisfaction from caring activities, they can feel 'undervalued, powerless and lacking in self esteem' (Grimwood and Popplestone, 1993, p. 11). However as Youll and McCourt-Perring (1993) report:

> 'low staff morale is associated as much with stress and being undervalued as it is with low or anomalous levels of pay and long hours. Low morale leads to higher rates of sickness and staff turnover and a lack of commitment to work (p. 116).

Since most care workers in the independent sector are not represented by a trade union (Colgan and Ledwith, 1996), they have little protection with respect to working conditions and pay. One consequence of this is a steady staff turnover.

4.2.4 Training issues

Traditionally, there has not been any prescribed training in care work for mature workers (Youll and McCourt-Perring, 1993; Davies, 1995). With the movement of residential care away from social services into the independent sector this has caused concern (Wagner, 1988; DOH, 1989, 8.41). While the statutory services have a designated training allowance in their allocated grant from central government (DOH, 1989, 8.42), training in the independent sector has to be financed from either profits (private sector) or grants received (the voluntary sector) (Ganderton-Spencer, 1996). The increasing workload and precarious financial environment for the small, private sector businesses, makes it more difficult to implement training effectively unless it becomes a requirement by the registration authorities and/or training money is transferred from the statutory services to the contracted independent sector.

The *Wagner Report* (1988) recommended that all carers in homes should be trained to improve the quality of care provision and stated that '... every establishment should be required to draw up a staff training plan ... (which) should be subject to inspection procedures' (Ch.9 : para.25). Some agencies have agreed to this and some have seen

NVQs as a method of training 'on the job' and a potential quality indicator with purchasing agencies (Joseph Rowntree Foundation, 1994). In an effort to try and encourage training in homes, some local authorities have begun to monitor the number of staff who obtain qualifications and have 'high band' rated the homes if they achieve prescribed targets (Harman, 1995). This rating qualifies the home for a higher fee per client and is hoped to encourage improved quality care through the implementation of NVQs in the workplace (ibid.). However, managers in the main study reported that authorities were reluctant to prescribe training targets because they felt unable to achieve them in their own homes. Hence in most authorities, training is monitored informally as a quality indicator but not enforced.[12]

Because of the lethargy and lack of traditional training routes in an occupational area where progression is dependent on professional qualifications, the introduction of NVQs with the associated vertical progression pathways, parity of esteem, the opportunity to nationalise care standards and give recognition to mature, experienced workers was greeted positively by the care sector.

4.3 NVQs in the Care Sector

NVQs in Care have developed over the last decade to cover a large number of occupational areas - childcare and education; health; social care; criminal justice; housing and community work. In social care, which is the area covering residential work, NVQs are available at level 2, 3 and more recently level 4. Level 1 NVQs have not been available in care since the integrated awards were introduced in 1992 because

[12] The low uptake of NVQs by small residential homes at a national level was confirmed by an officer in the Age Concern National Training Unit who reported that cost was prohibitive for the independent sector. She felt that the numbers of involved workplaces would be higher if local authorities insisted on implementation.

it was felt that the responsibilities in care warranted level 2 as a starting point. The Central Council for Education and Training in Social Work (CCETSW) statistics in 1993 indicated that 75% of their NVQ candidates were over 25 years of age and 89% were female. 66% had worked in care for more than 2 years, 36% worked part-time and worked mostly in residential care of the elderly (CCETSW, 1994, p. 5). However, the Joint Awarding Bodies (JAB) which comprises CCETSW and City and Guilds (C&G) reported that 75% of its registrations for NVQs came from the NHS rather than social care. This was thought to be due to the fact that managers are adopting NVQs as part of their corporate management strategies (CCETSW, 1995a).

The introduction of NVQs was seen to have two important benefits. Firstly, it introduced a qualification for care workers in a sector previously without qualifications. Secondly, NVQs could be used as a possible quality indicator for the sector and provided organisations with a tool that enabled care provision to be carried out to national standards. However, while the numbers of registrations and completion rates continue to increase - an increase of 57% in the 12 months to June 1996 (JAB, 1997c) - the implementation of NVQs has not been without problems. Changes in the way care is financed along with the issues of 24 hour cover, complexity of standards, part-time workers and flat progression pathways particularly in the small, private, residential sector have resulted in slow progress in the uptake and completion of training programmes (JAB, 1994; DfEE, 1995; Chapman, 1997).

Despite these issues, the private sector's investment and progress have been far higher than those of the local authorities throughout the implementation period. In 1995, the private sector registered 27.7% of the total candidates with a certification rate of 11.9% compared with local authority social services who registered 12.1% and had a

certification rate of 3.1% (LGMB, 1996). In 1996, this had increased to 32% in the private sector and 15% in the local authority social services with an average certification rate in care of 14.9% (response rate 48%). Only 14% of candidates were TEC funded with Modern Apprentices forming 1% of the total candidates (JAB, 1997c). Unlike many other sectors detailed by Field (1995) and Robinson (1996), the care sector is mainly supported by mature, part-time workers and very young workers, who would be eligible for government sponsored training, are in the minority. However, the majority of qualifications are at the lower spectrum of the range at level 2 and 3.

As with any new system, reviews of the NVQs along with numerous awarding body communications regarding guidance and advice added to the complexity for the users. The standards design was considered difficult (JAB, 1994) and many assessors in social care lacked the confidence to understand and implement the systems effectively in the workplace (Payne and Hobbs, 1995; Staton, 1995)[13]. The end result has been a system which has proved difficult to standardise resulting in a compromise of NVQ credibility in some circles.

However, workplaces that introduced the system correctly and effectively found the effects beneficial to the care of residents (JAB, 1994). Candidates reported an increased ability to criticise their practice particularly with respect to the value base which is integrated within the qualification and explores the individuality of the client. Managers reported that the use of national standards to set the quality of practice and therefore policies and procedures, had been effective in improving the overall quality of

[13] This concern has been voiced consistently at regional and national networking meeting workshops organised by the researcher.

their care provision and therefore their marketability (Joseph Rowntree Foundation, 1994; Ganderton-Spencer, 1996).

As with the NVQ system in general, care NVQs have been criticised by some commentators. Kelly et al. (1990) describe NVQs as 'mechanistic' and believe that the narrowness is 'very inappropriate for much of social care...because their functions are not unilaterally defined and of necessity incorporate many points of view' (p. 17). Payne and Hobbs (1995) discuss the worry that the 'emphasis on ...assessment could be at the expense of candidate's wider development needs' (p. 8). This concern was confirmed in Staton's (1995) small research project on depth of knowledge which demonstrated problems in 'operationalising' the standards and encouraged a fragmented rather than holistic approach to evidence gathering with a resultant lack of satisfaction and development.

Payne and Hobbs (1995) suggest the need for assessment and supervision to go 'hand in hand' to overcome the problem. However, structured supervision may not be a feature of small residential homes in the non-statutory sector because of the small size of the homes, staffing schedules and the organisation of work. Training and development may only be on a 'need to know', minimalist basis because of the pressure on time and resources and the power relationships in the workplace.

Despite care NVQs being available in an integrated form since 1992, there is little research literature concerned with NVQ implementation in the small, independent, residential sector. Most research has been undertaken by the awarding bodies who are committed to improving the system but ultimately are in competition with each other in order to market the NVQ as an attractive option for the care sector. Some ongoing

research projects include work to determine the effects of NVQs on the quality of practice and barriers to NVQ progress within social services. Some care practitioners are evaluating the impact of NVQs in their own workplaces as smaller projects.[14] Publications based on these studies should develop and advance the sector in the near future.

4.3.1 Development of the Care Sector Consortium

The development of standards within occupational sectors has been the responsibility of Industry Lead Bodies (ILBs). Many ILBs already existed in the traditional skills areas, for example construction, but the care sector was so diverse that no one body had overall responsibility for standards. In 1987, the Care Sector Consortium (CSC) was established and recognised by the Training Agency with specific responsibility for England, Scotland and Wales. Northern Ireland had a shadow CSC and was represented by two observers on the main body. Employers and employees from all five sectors - local government, the health service, the voluntary and private sectors and the probation service were represented on the Consortium (Gimblett, 1990). However, the size of the sector resulted in a consortium of more than forty members comprising (a) the main office bearers representing statutory services and government training bodies and (b) sector contacts representing the voluntary and private sectors, trade unions and Northern Ireland and Scotland (ibid.).

Pilot studies of the implementation of NVQs were run from 1989 - mainly the Health Care Assistants Project run by the NHS Training Authority and the Residential, Domiciliary and Day Care Projects (RDDP) run by the Local Government Training Board. In May 1990, the final reports of these projects formed the proposals for

[14] This observation is based on workshops, discussions at conferences and with key personnel from awarding bodies.

conditional accreditation of the CSC by NCVQ with the intention of offering NVQs to these main groups in Autumn 1990. A deadline of 1991 was set for the establishment of standards within a framework for qualifications at level 1 to 3 (Gimblett, 1990). During development of the standards, it was found that up to 60% of the content was shared between the two sectors so it was thought appropriate to streamline the number of qualifications which would be offered by integrating the sectors. However, the NHS wished to carry on with the NVQs as they stood rather than wait for further standard development. On this basis NCVQ accredited two separate qualifications (Chapman, 1992). In May 1990, the final reports were accepted by the CSC and conditional accreditation was given for NVQs based on these standards from September 1990 with the expectation of integrating both standards into a single national set of standards by late 1991. NVQs were available at level 1, 2 and 3 during this period - the NHS wanted level 1 and 2 awards in Health and the Local Authority wanted level 2 and 3 in Social Care.

The new awards following the Integration project of 1990 did not start until September 1992 and were called NVQs in Care. It was hoped that by integrating the standards there would be more flexibility across care working areas and easier movement of workers between small workplaces as well as the larger employers. Level 1 was no longer used which caused debate because some workplaces employed people with learning disabilities for whom level 1 was appropriate but level 2 out of reach. The other main concern voiced by NHS management was that, by integrating the qualification, the pay differential between NHS workers and those in the local authority would result in an increased movement of workers out of the NHS to the better paid authority jobs.

'Market forces are only a good thing if they force wages down rather than up'
(Chapman, 1992, p. 10).

The Joint Awarding Body (JAB) comprising the Central Council for Education and Training in Social Work (CCETSW), the Business and Technical Education Council (BTEC) and City &Guilds (C&G) were responsible for submitting proposals to NCVQ for the awards and the expectation was that other awarding bodies would join as other care staff acquired standards in the sector (ASCT, 1990). However, in late 1991 BTEC announced that they would be withdrawing from JAB because they felt the narrowness of the NVQ development process was at odds with its wider remit of providing education courses (Ganderton-Spencer, 1996).

> 'BTEC does not wish to extend its membership of JAB beyond 30 September 1992, given the strong wish and drive of the C&G and CCETSW towards standardisation and uniform methods of operation of the member organisations of JAB in respect of NVQs within the remit of the Care Sector Consortium'
> (Council quote, ASCT, 1992a, p.1).

JAB continued the close liaison between C&G and CCETSW. The intention in 1992 was to continue to develop common procedures and documentation and improve common standards, quality assurance and quality control. Despite this, in 1997 most awarding bodies continue to have their own recording systems for external verification and different requirements for accreditation.

The CSC has restructured as it has grown - firstly into the Occupational Standards Council for Health and Social Care (January 1993) with two main fora for health and care (though retaining the CSC name); a review was undertaken in 1995 to recommend inclusion of the housing forum and the development of a standing conference (DfEE, 1995); and more recently a number of occupational areas within the CSC have applied for National Training Organisation (NTO) status so the outcome of these will have an impact on the future structure.

In 1995, the National Standing Conference of Assessment Centres was developed to allow care centre managers the opportunity to meet and exchange concerns. The development was supported by the CSC and the awarding bodies and has proved a useful means of influencing CSC activity. The structure has allowed direct representation with the major bodies through a local, regional and national network of representatives. Members of the national executive sit on national working party committees.

The CSC has continued to develop new awards in order to increase the endorsements on offer and widen the occupational areas covered by NVQs. The development of level 4 care awards was initiated in 1992 but was delayed because of concerns about parity with traditional, professional qualifications. One such area related to the mapping of the level 4 care NVQ with the traditional Diploma in Social Work qualification which was considered to equate to level 5 NVQ. Eventual presentation in 1996 has resulted in ongoing guidance regarding the parity issues (Jones, 1996). However, the micro-politics within the care industry is likely to result in further debate with respect to status, professionalism, job descriptions and pay differentials in the varying care sectors.

In 1995, the CSC announced a review of the Care awards. Following the review, the revised awards were expected to be completed and available by 1997 (CSC, 1995). The review took the form of a consultation exercise undertaken by an external consultancy - *Prime Research & Development Ltd.*- on behalf of the CSC. However, the review process was criticised because of tight feedback time limits and an inability to send review documentation to every assessment centre because of the costs. The exercise was further delayed by the need to consider the implications of the Dearing and Beaumont reports which were published during the same period and the implications of

some of the recommendations, for example key skill integration, by NCVQ. Having decided that integration would not be appropriate for this revision because of issues relating to access for mature workers, the publication was further delayed by the Scottish Qualifications Agency (SQA) who felt that the difference between level 2 and 3 in the new awards was insufficient. Negotiations resulted in the inclusion of an extra core unit at level 3 and the standards were reluctantly accepted by Scottish employers in late 1997 (Falconer, 1998). The awards have been accredited by QCA and will be offered from May 1998.

The care standards consisted of core units which were common to all level 2 or level 3 awards and endorsement units that were specific to the endorsement title of the chosen award. A 'value base' unit was present in all care awards and involved the candidate demonstrating practice and knowledge around issues of anti-discriminatory practice, confidentiality, rights and choices, beliefs and individuality and communication needs. While the 'value base' was presented as a unit in its own right, the evidence for it had to be demonstrated throughout the performance of tasks relating to the whole of the NVQ.

The new care standards have a mandatory group and two option groups of units which replace the core and endorsement units. However, the number of awards has been reduced by providing a more 'pick and mix' approach to the optional units making up an award and by varying the mandatory units depending on the chosen award. This model was developed as the result of complaints that parts of the previous awards were not appropriate to some workplaces (JAB, 1994). The 'standards' language has been simplified and the structure has been modified to detail underpinning knowledge and performance evidence at unit rather than element level to reduce fragmentation in line with the recommendations of the Beaumont report (1996). The organisation of the

value base unit has been changed so that the unit stands alone as a reflective diary account of practice. The national standards for training and development (TDLB) are also due for review by the Employment Occupational Standards Council (EOSC) in the near future. This may have implications for assessor and verifier training at a time when centres are trying to become familiar with the new care standard requirements.

In 1996, a new awarding body was formed by the partnership of the former National Health Service Training Division (NHSTD) and the Open University to form the Institute of Health and Care Development (IHCD). Initially, the IHCD concentrated on the NHS but is likely to move into the social care VQ market in the near future. It has marketed its approach as a 'one-stop shop' with a non-bureaucratic approach and has included NVQs from other sectors in its suite of qualifications. It was the first awarding body in care to employ full-time external verifiers who were resourced to meet regularly to encourage consistency of information and practice which has been an area of concern for other awarding bodies.

4.3.2 Financial implementation of NVQs

While the general concept of validating care workers' every day work and improving quality in care establishments was welcomed, concern was voiced as to whether agencies would adopt NVQs given the legislative changes that were occurring at the same time in the care field and the associated resourcing issues (Wood, 1990). Realistic costings for implementing NVQs were openly discussed early in the implementation period. Gimblett in the CSC Bulletin (Summer 1990, p. 7) reported that the estimated costs for a local authority to train social care staff alone would be an extra £554.5 million over a 10 year period. To train all care staff would require £1.67 billion over a 10 year period. Early experiences allowed projected time requirements to be estimated at approximately 3 to 4 hours per unit/per week/per candidate (Ross, 1990). Wood

(1990) also discussed the potential costs involved in training assessors and candidates and stated individual costs of assessor training as £270 and candidates as £120 per unit or £1440 per NVQ.

These predictions have proved to be fairly accurate taking into account replacement costs for assessment time as well as training and verification. However, many workplaces attempted to undertake NVQs without any structural investment within the workplace. No training culture was encouraged by providing time, resources and a support network. The resulting slow progress and fragmented assessment was blamed on the NVQ process rather than the lack of management understanding.

Marketing of the NVQs in care involved an expectation of skills recognition in the workplace. A lack of information fuelled misunderstanding resulting in an expectation of a speedy, cheap, training option for workplaces. Many assessment centres failed to market the true cost of NVQ implementation to employers. By using subsidies from TEC and FEFC money, some centres were able to present cheap registration costs or assessment packages in order to attract the market though they failed to detail the replacement costs for assessment or verification. These variations and inability to itemise the costs involved were noted during the CSC review (DfEE, 1995) and in the Beaumont Report (1996) and were thought to have an impact on adoption by employers (DfEE, 1995).

As stated in the numerous White Papers discussed in Chapter 2, the cost of NVQ implementation continues to be the responsibility of the employer. While statutory services have some designated training funding, the independent sector does not.

Responses to a letter sent by the ASCT chair in 1991 to a number of Members of Parliament regarding the costs involved in setting up the infrastructure to support NVQs resulted in the following:

> '...I believe it is proper that those who benefit from the skills and competence that NVQs represent should contribute to the cost of the delivery. It is for lead bodies, in establishing arrangements for their sector, to consider ways in which costs can be kept to the minimum while assuring the quality of the NVQ...The Government has provided substantial financial assistance to support Lead Bodies in implementing NVQs'
> (Robert Jackson MP, Parliamentary Secretary of State, Dept. of Employment, 29th Nov.1991 in *ASCT Newsletter*, No.10 and 11, Jan.1992, p. 2)

> 'It is accepted that there are costs in setting up any new system but the costs of NVQ should not all be new. Underpinning the philosophy of NVQ is the understanding that staff development and training is best carried out in the workplace.....line managers must take some responsibility for the training and development of their staff - and in practice I am sure that most have done so.'
> (Virginia Bottomley MP, Minister for Health, 2nd December 1991)
> (ibid., p. 3)

While this addressed the statutory services with developed systems for supervision and training, the increasing numbers of small, independent organisations where training had not been a routine activity, were left with a difficult decision. Without a legislative need to train staff, the cost of implementing a new system was unlikely to be considered an appropriate way to spend limited resources (Wood, 1990).

4.4 Implementation issues

Unlike some NVQs that are assessed in realistic working environments (RWEs), care NVQs have to be assessed in the workplace because a simulated environment is impossible to facilitate. Only 7% of care candidates are on funded training placement or are volunteers (LGMB, 1996). Many candidates are mature workers who do not attend college for training purposes and rarely manage their own portfolios without assessor support (Banks, 1995). To enable assessment to happen, a candidate is matched with an

assessor who normally works within the same workplace or is a designated peripatetic assessor for the candidate. Assessors are expected to be occupationally competent to the point where it is realistic to expect that they can judge the performance and competence of the candidates while remaining aware of equal opportunities (JAB, 1992c, 1997a). They are also expected to have Training and Development Lead Body (TDLB) Units D32 and D33 or be working towards them (JAB, 1992c).

The majority of certifications for care are at level 2 - direct care accounting for 26,357 of the total 35,598 care awards (IHCD, 1997a). At level 2, most of the evidence is expected to be obtained from direct observation by the assessor supplemented by questioning, explanation of process by the candidate and supplementary evidence in the form of assignments, witness testimonies or other agreed methods.

4.5 The value base

One of the main differences between NVQs in care and those in other sectors is the inclusion of a value base unit in the standards. This unit has probably had the most impact on working practice in care homes. Many candidates comment that the value base has made them think more about the care they provide (JAB, 1994). This was confirmed by the candidates comments in the main study.

The introduction of the value base unit has challenged the traditional concept of success within the care sector. Previously, the concept of achieving satisfactory work during the day was very much a picture of successfully maintaining order and 'creating a sanitized 'lounge standard' patient' (Lee-Treweek, 1997, p. 53) within the routine of the home. As Lee-Treweek discusses, 'rather than being about patients' needs it was about the

patient as an end product at the conclusion of a long line of caring activities' (p. 54). The value base encourages a 'client-centred' approach to care where 'staff-imposed' routines should be reviewed in favour of the client's rights and choices within the resources available. For some homes, this has required a review of their methods of caring as breaking away from the timetable patterns imposed on clients invariably has altered the socially constructed position of the client-carer relationship and the associated power structure. Consequently, some establishments have been resistant to the introduction of NVQs and have continued the tradition of depersonalising the clients in order to maintain 'efficiency' (Lee-Treweek, 1994, 1997). However, Dalley (1996) states that one of the fundamental principles of good residential care should be 'flexibility and responsiveness to individual needs' and 'the ability for that person to be responsible for his or her own life' (p. 122) - key issues of the value base whether an NVQ candidate or not.

4.6 The assessment process

In order for the assessment process to be cost effective, it is essential that the candidate and assessor plan the collection of evidence in relation to the standards and the workplace activities because this allows evidence to be matched to more than one unit and avoids unnecessary duplication or fragmentation (Raggatt and Hevey, 1995). However, both planning and the related assessment and feedback require the assessor and candidate to meet regularly. While this may seem obvious, the nature of the care workplace can make this difficult because of the need to provide staffing cover over a 24 hour period. Some staff have to undertake internal rotation on to night duty, may work opposite shifts to their assessor, may work part-time and often have to change their working arrangements to cover other staff absences such as holidays or sickness (Dunlop, 1994, 1996c; JAB, 1994). These issues are further complicated in small

residential homes where the assessor may also be the manager. Arrangements for assessment may change quickly because other commitments arise during the shift period. Moreover, if the home is very small there may only be two staff on duty so managing to get time together may be limited (Young, 1994). By the nature of the work, that is looking after frail residents in a tightly staffed environment, any incident that occurs which alters the normal work routine can take a member of staff out of circulation for extended periods of time resulting in postponement of assessment (JAB, 1994).

Progress rates studied by CCETSW support this. Domiciliary candidates who mainly work alone, for example home carers, progress more effectively than residential candidates because they have to plan contact with their assessors who are usually office based (Banks, 1995). Residential workers' assessment is more opportunistic, depending on finding time together within the workplace and this tends to be become low priority when the workplace is busy (Dunlop, 1994; Banks, 1995; Ganderton-Spencer, 1996). Consequently progress is slower. Peripatetic assessment has a similar positive effect on progress because the assessor is less distracted by management issues in the workplace (Connor and Squires, 1995).

4.7 Barriers to candidate progress

As with all NVQs, access to the qualification was meant to be barrier free, available to anyone who wanted to undertake the qualification and free from discriminatory practice (NCVQ, 1991). This equal opportunities policy was extended by the Care Sector Consortium both towards candidates and to the clients in care settings (CSC, 1991) and by JAB (1992a) in their requirements for centre approval. However, care candidates have experienced similar barriers to those discussed in the previous chapter - mainly

lack of information; complex jargon-ridden standards; inability to access assessment; cost; structurally imposed NVQ levels; and inappropriate assessment methods (Kelly et al, 1990; CSC, 1993; Day, 1993; JAB, 1994; Young, 1994; Heaton, 1995; Beaumont, 1996; Fearfull, 1997). The slow take-up and completion rates were noted by the DfEE in their review of the CSC in 1995:

> ' ... take up of NVQs and SVQs and follow through by candidates to completion is still well below expectations. The credibility of the OSC (Occupational Standards Council) will increasingly depend on evidence of successful and cost-effective implementation ... both the costs and the benefits of national occupational standards and NVQs and SVQs remain very unclear and costs are a significant factor in promoting uptake to employers' (p. 13).

Despite the problems, the completion rates over a two year period have increased from 48% of candidates in 1995 (LGMB, 1996) to 50.6% in 1996 (JAB, 1997c). 'Overall certification rates in Care NVQs increased from 10.6% to 15.5% between 1995-96 at level 2 and almost doubled at level 3 from 6.4% to 12.2%' (JAB, 1997c, p. 5). However, these figures do not differentiate between sizes of workplace and may be indicative of the success of the larger NHS centres who are the main users of the NVQ programme.

In an attempt to improve the completion rates, a number of studies were undertaken to explore the factors involved in delaying assessment in the care sector : - *'Assessment in NVQs in the Care Sector'* (JAB, 1994); *'S/NVQ Assessment in Small Work Locations: Final Report'* (Young, 1994) ; *'Effective Assessment of S/NVQs'* (Banks, 1995); *'Helping Candidates acquire Competence. The roles of assessment centres and vocational and educational providers'* (Payne and Hobbs, 1995) and more recently a joint enquiry *'Report and Agreed Action from the Awarding Bodies Enquiry into the Assessment of NVQs in Care'* (JAB, 1997b). The main findings from the studies related to time allocation for assessment; variations between centres; difficulties in the

standards design; the role of the assessor; employers' understanding; and the difficulties of standardising NVQs across awarding bodies and assessment centres.

4.7.1 Time

The complexity of the NVQ process has resulted in assessors having to find large amounts of time to facilitate the process. Payne and Hobbs (1995) discuss the need for assessors to provide as much support time to candidates as direct assessment time. Their findings indicate that many assessors have used their personal time to facilitate this and have rarely had this 'unpaid' work acknowledged by managers. For some assessors, the time element was extended because of their lack of confidence and understanding of the system (ibid.).

Candidates were also found to be putting in 5 to 10 hours of personal time per week on the NVQ (JAB, 1994, p. 27). For some candidates, the amount of work required to complete the NVQ had not been made clear and some mature workers had no wish to undertake the NVQ offered by the employer. The result was a lack of involvement and ownership of the process which has consequences for successful progress (Mitchell and Sturton, 1993; Ganderton-Spencer, 1996).

Because of the resourcing issues involved in paying for external college attendance, either in course fees or in replacement costs for the staff attending, many workplaces were undertaking the NVQ without external training provision. This increased the time load on assessors who were taking responsibility for training and developing resources for the candidates (JAB, 1994, p. 33). The depth of awareness and understanding of the NVQ process by managers resulted in varying approaches to training and support which had consequences for progress rates and satisfaction (Ganderton-Spencer, 1996).

Despite the time issues, JAB (1994) found that both candidates and assessors were committed to the NVQ process. However, this could have something to do with the culture of caring. One assessor interviewed during the pilot study discussed the expectation by her managers that she would return to the workplace in order to assess a candidate in her own time. When asked why this situation had developed, she replied:

> *'If I don't do it, then they (management) will stop NVQs for the care assistants and I can't do that to them.'* (Assessor, NHS).

This did not seem to be an isolated incident (Ganderton-Spencer, 1996). The survey findings in this research found that less than 50% of centres reported formal arrangements for assessment time allocation in workplaces (Dunlop, 1996d) and similar issues within the NHS have been reported (Chapman, 1997). JAB (1994) also found that centre managers and external verifiers were giving more time than was resourced in order to make the system work. However, this artificially supports a system that is grossly under-resourced and there was concern that quality would be compromised on that basis (ibid.).

Progress can be improved by preparing candidates appropriately through an induction process (Payne and Hobbs, 1995). This allows the candidate to have an early introduction to the meaning and organisation of the standards, how to collect evidence effectively and the role of the assessor and internal verifier in the assessment process. Training programmes where a candidate attends college for a day a week can speed the process as knowledge can be covered during college attendance. Another method recommended by NCVQ for experienced candidates is the accreditation of prior learning or experience (APL/APE). However, research by JAB (1994) found that this method was little used within the care sector. The CSC and JAB are willing to allow credit of previous work within a training programme or qualification as a source of

evidence of performance or knowledge which can demonstrate competence (JAB, 1992b). However, it cannot be used as an alternative to work based observation and currency of practice has to be ensured if APL is used. Because care activities are performed on a daily basis and are therefore easily observed, most assessors choose not to use it.

4.7.2 Documentation

The JAB (1994) report found that 'there was almost universal despair about the impenetrability of the NVQ standards - both language and layout' while acknowledging that the standards were 'a worthy expression of good practice in care' (p. 21). Assessors and candidates complained about the amount of paperwork required, the recording documentation, the variety of paper systems that have been developed in centres and the difficulty in deciding sufficiency of evidence (JAB, 1994). These variations across centres had consequences for completion rates, quality of assessment, the cost of the NVQ and eventual marketability of the centre. Centres complained about the perceived lack of standardisation and therefore credibility of the NVQ (JAB, 1994; Dunlop, 1996d). In 1996, JAB published some guidance on recording documentation in an attempt to address the issue.

In order to encourage access and equal opportunities, the awarding bodies have not insisted that evidence for the NVQ, particularly at level 2, should be in written form. A number of diverse methods have been encouraged, for example the use of audio and video tape, to facilitate recording of evidence without insisting on literacy skills that might limit access. Candidates are only expected to demonstrate the key skills that are required in order to undertake their everyday jobs. Despite the lack of prescriptive recording methods from the awarding bodies, research showed that the majority of candidates were developing portfolios dependent on writing rather than using the

diverse evidence methods on offer (JAB, 1994; Ganderton-Spencer, 1996). This added to the workload and time requirements.

4.7.3 Models affecting progress

Banks (1995) discussed the variation in progress rates in relation to the design of assessment centres with 'award driven' centres dealing mainly with sponsored trainees achieving the highest completion rates because of the tight structure of their programmes but with little impact on the quality in the workplace. 'Integrated' centres used the standards to try and affect practice within the workplace. Progress was much slower because of the need to restructure the workplaces in order to integrate the standards into the systems but the overall effect was beneficial to clients and staff because of improved care practice.

A similar discussion was held by Payne and Hobbs (1995) who discussed the 'competent individual' versus the 'competent workplace' and the role of national quality standards, for example ISO 9000 and IiP, in encouraging workplaces to continue investing in staff development. However, because of the costs involved in training assessors and the time required to become familiar with the NVQ process, most assessors were assessing only one or two candidates in a given workplace. This had implications for developing an NVQ culture within organisations which reduced the ease of facilitating progress and impacting on practice (George, 1994; Smith, 1995; Ganderton-Spencer, 1996).

4.7.4 Choice

Payne (1990) voiced his concern that the NVQ heralded the 'arrival of the age of managerialism' (p. 2) and that 'rather than being liberating and job enhancing, NVQ could become a means of oppression and continuing disadvantage' (ibid.). This concern was taken up by Kelly et al. (1990) but with respect to NVQ terminology which was

reported to cause feelings of being deskilled in experienced practitioners and educationalists. Chapman (1997) continues the theme with a discussion about the differences in NVQ levels offered within the NHS and the political motives behind the hierarchies and structures across trusts.

This concern with 'new managerialism' can lead to a number of tensions between managers and NVQ candidates. Candidates, either because of awarding body literature or discussions with colleagues or senior staff, may see an NVQ as a way of gaining a personal qualification with potential use for accessing new opportunities. Consequently, they are keen to take part in the NVQ but may become frustrated and demotivated when progress is delayed, progression pathways are not forthcoming or they feel that the standards are inappropriate for the level of job they are routinely undertaking. Alternatively, some candidates are recruited to the NVQ programme when they have no wish to undertake training. As a result they avoid 'ownership' of the NVQ process and resent the imposition. For example, senior home carers in one local authority were mainly office based and supervised home carers activities. In order to comply with the organisation's wishes for them to complete a level 2 NVQ, they were required to organise visits into people's homes to undertake activities that they no longer performed routinely. Resourcing activity time away from the workplace was costly and assessment of skills that they no longer used on a daily basis caused frustration[15].

Managers and organisations appear to want staff to become qualified as an indicator of quality assurance, but on their terms with respect to status, hierarchy and cost of the

[15] This situation occurred when I was giving induction training to new candidates and assessors in 1997. The advice we were giving about choosing level and endorsement based on job role was in direct conflict with the sponsoring organisation who contacted us to politely tell us that strategic decisions had been made already.

qualification, rather than on what would be appropriate in 'developing' staff to their full potential.

4.8 Candidate progression

For the candidate, undertaking an NVQ might be seen as an opportunity to progress in a career either through promotion or by accessing further training as well as a means of validating one's skills and improving practice. However, NVQs are not meant to be a training programme though a training needs analysis should form part of the assessment process if skill acquisition is to be improved.

Ganderton-Spencer (1996) found that candidates in her study were not offered any training in association with the NVQ programme and the candidates reported a lack of interest in undertaking training if offered because they did not want the commitment. The NVQ was used purely to confirm skills. This minimalist approach is seen as a cost-effective qualification route by employers (Day, 1993) but reinforces the low skill image often associated with women in 'gendered' jobs by not providing any personal extension of their knowledge or skills base (Ganderton-Spencer, 1996).

The vertical progression route designed into the NVQ system as well as marketing by NCVQ and professional bodies, has resulted in candidates expecting to use a level 3 qualification for entrance into other vocationally related diploma and degree courses mainly nursing and social work. However, entrance to courses depends on the individual higher education (HE) institutions who have the discretion to impose their own criteria for access which may exceed those detailed by professional bodies. Interestingly, there is very little data on the number of NVQ candidates who have progressed into higher education based solely on their level 3 NVQ. For example, the

United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) market NVQ level 3 as an entrance qualification to nurse training and CCETSW detail level 3 within their entrance requirements (CCETSW, 1995b, p. 5). However, neither the UKCC, Royal College of Nursing (RCN), Dept. for Education and Employment (DfEE), the clearing house for nurse applications or CCETSW have any data on successful admissions based purely on level 3 NVQs [16]. The RCN Vocational Qualifications adviser knew of some cases but they seemed to be limited. She reported that despite the UKCC recommending Level 3 recognition for access, in practice each HE institution set its own entrance requirements.

The use of NVQs within the NHS can be confusing for those involved. Some trusts require all nursing staff to undertake level 3 NVQ whether registered nurses or unqualified staff [17], some state enrolled nurses (SENs)[18] are required to undertake level 3 NVQ while the registered nurses (RNs) are taking academic qualifications (Chapman, 1997) and some colleges of nursing are incorporating NVQs into pre-registration training (Snell, 1997). Thompson (1997) and Snell (1997) discuss the lack of parity between NVQs and traditional qualifications for candidates applying for Project 2000[19] nursing courses and the concern that NVQ qualified candidates are still viewed as potential threats to jobs by registered nurses (Offredy, 1995; Chapman, 1997).

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[16] All were contacted by telephone to obtain the information.

[17] This was confirmed by a training officer who requested NVQ information from me at a national exhibition on care NVQs.

[18] Enrolled nurse training took 2 years while registered nurse training took 3 years. SEN training no longer exists and conversion courses were designed to allow SENs to become RNs.

[19] Project 2000 is a college based pre-registration nurse training where trainees have student status.

Progression pathways within the NVQ framework are no less confusing. The opportunity to access a higher level NVQ can depend on the size and type of organisation, the hierarchy within the workplace, the working role of the candidate and the financial implications of undertaking further NVQ work. While a level 3 NVQ might be accredited as entrance for further study, there is no guarantee that a candidate with a level 2 NVQ would be able to access further training to level 3 through a progression route within the workplace. The job role of a level 3 candidate based on the occupational standards requires a person to be working in a non-supervised role (JAB, 1994, 3.20). In many workplaces, these posts are performed by professionally qualified staff, for example, nurses and social workers or in small residential units by the owner/managers. To allow the development of a hierarchy which has not traditionally existed can result in conflict (ibid. 3.20). Consequently, candidates may have to move jobs in order to acquire the level 3 NVQ as entrance to higher education (ibid. 3.21) and may then find that the NVQ alone is insufficient for the educational institution requirements.

The limited progression pathways imposed by managers to prevent hierarchies may result in experienced staff undertaking the same NVQ as youth trainees in care and in some cases being expected to train and supervise the younger candidates as part of their work role. To add to their frustration, the trainees may be able to complete more quickly because of the nature of their training programme and their funding requirements which are target related. On completion, these candidates may then be offered Modern Apprenticeships in care with a level 3 outcome because of the local

TEC targets rather than the nature of their working roles.[20] Meanwhile, the experienced worker, who may have supervisory responsibility, is prevented from accessing the same qualification because of workplace politics or inability to self finance the course.

During the pilot work, assessors and candidates undertaking care NVQ induction were asked about their own involvement in deciding the NVQ undertaken. Only one of the twenty candidates had been involved in the decision of level and endorsement. Most, particularly those from the larger statutory organisations, were told the level and endorsement and on many occasions this was appropriate for the staff they supervised but not for themselves in the positions they had. The expectation of having their own skills acknowledged at level 3 was in direct conflict with those of the organisation which did not want to develop a hierarchy. Some assessors reported that the staff who were registered for level 2 were professionally qualified already, for example, registered nurses and teachers and had experience of the workplace. They felt embarrassed having to tell them that they would be expected to undertake level 2 because this was organisational policy as opposed to level 3 which was appropriate for their job role.

Workplaces that have adopted NVQs into the culture of their organisations report that NVQ training has been beneficial to the organisation. The Joseph Rowntree Foundation reported that NVQs 'help attract new employees and retain existing ones. Staff are better motivated and benefit from enhanced promotion prospects' (1994, p. 1). However, there is little literature documenting the effect of NVQ acquisition on

[20] This scenario was reported by a centre co-ordinator within a College of further education in the Midlands. Her management were insisting on the youth trainees automatically being offered a modern apprenticeship on completion of NVQ level 2 when she was aware that their skills were not appropriate for level 3.

progression either into further education or promotion. Recognition either by change of status or incremental rise is variable. Most recognition appears to be with some NHS trusts who provide an incremental rise or different coloured belts or badges.[21] This lack of recognition is of concern because candidates have high expectations of using their NVQ for progression (Dunlop, 1997). The lack of match between firstly, expectations and reality and secondly, between the standards and actual work can leave the candidate feeling disillusioned.

4.9 Quality assurance and standardisation

As with all NVQs, the care sector awards are dependent on (a) assessors understanding the requirements of the role in order to facilitate assessment at an appropriate level, (b) internal verifiers who ensure the quality of assessment within an assessment centre and (c) external verifiers from the awarding bodies ensuring assessment centre quality. During the early period of NVQ implementation, it was felt that managers were the appropriate people to assess their staff but this proved problematic because of their other job requirements which limited the time available for assessment (Kelly et al, 1990). Also, Payne and Hobbs (1995) discussed a general lack of assessor confidence regardless of level of job role which had consequences for the interpretation and standardisation of the NVQ process at the time of introduction.

Until 1992, there was no formal requirement for the assessors to be trained to TDLB standards (ASCT, 1992b, p. 1). With the adoption of the '*Common Accord*' (NCVQ, 1993) centres were obliged to instigate assessor and verifier training. However, this

[21] Institute of Health and Care Development (1997), 'NVQs at St. Albans', *Standards and NVQs Update 16,* August 1997, p. 7, IHCD

proved problematic in the care sector, with very few centres achieving the completion rates expected of the awarding bodies. As a result, the dates for completion were reviewed in order to address the back log of unqualified assessors and verifiers (JAB, 1995). Since 1993, JAB have advised centres that new assessors must be qualified within 18 months of starting training and internal verifiers within 12 months (JAB, 1997a). Centres have approached the issue in different ways - either by (a) structuring the assessor training to ensure rapid completion so the assessor has a 'licence' to practice but little assessor experience or (b) more gradually so the assessor gains experience before completing the requirements for the TDLB. This has resulted in low confidence levels in transferability of assessors and verifiers across centres (JAB, 1994; Payne and Hobbs, 1995).

The survey carried out during the research demonstrated this concern (Dunlop, 1996d). One assessment centre had a request from an assessor who had completed assessor training elsewhere but not D32/33. She wished to start assessing actively but because of the centre manager's concern about national consistency, it was felt that she would have to undertake assessor training within that centre to ensure assessment standards were maintained. Other centres reported that assessors from elsewhere who had D32/33 were unable to assess properly and required a great deal of support time in order to 'come up to scratch' (ibid.).

Variations in interpretation of the care standards particularly in value base meaning have been noted by a number of studies (CCETSW, 1992a; JAB, 1994) and in the application and depth of underpinning knowledge assessment (Staton, 1995). Povey (1995) argues that 'no matter how clear the performance criteria, professional judgement will come into play, and it is this reason which makes it vital that assessors and internal verifiers

are trained and qualified to TDLB standards' (p. 39). However, Day (1995) found that the TDLB standards were not 'a valid and reliable predictor of assessor performance within a care environment as they do not take into account the potential of assessor performance to 'tail off' through lack of opportunity to practice' (Issue 7, p. 39). His observations showed that assessors were not practising to TDLB standards despite having the appropriate D units (issue 8, p. 40). While the sample of his study was small (twelve assessors in total with five visits to each), his findings have been supported by anecdotal evidence voiced at national conferences by centre managers. The other concern is that assessors in small, residential units may not have the knowledge base assumed by the awarding bodies to undertake the assessor role.

Competition between awarding bodies has resulted in differing documentation, guidelines and verification requirements for assessment centres, some with cost implications (JAB, 1994). Centres reported confusing messages from internal and external verifiers even within the same awarding bodies (Bailey, 1994)[22] and variations in evidence requirements across centres (Ganderton-Spencer, 1996).

To try and resolve these issues, a joint initiative was started in 1996 whereby all awarding bodies in care agreed strategies for the future to ensure consistency and improve credibility of the NVQ (JAB, 1997b). The agreement involved a resolution to prevent 'competition for market share affecting the quality of the NVQ' (ibid. p. 6) and an agreement to produce documentation that 'conforms to a common formula' (ibid.). However, in an IHCD publication (1997b, p. 7) it was reported that documentation

[22] Attendance at ASCT national conferences over the last 2 years confirmed this. External verification workshops and a standardisation workshop which I facilitated (Dunlop, 1998) resulted in participants of all levels within the process confirming lack of consistency in advice and information within and across awarding bodies.

would still be 'awarding body specific' when the new standards become available in May 1998.

A major concern for the awarding bodies is the gradual increase in TEC funded training which is output driven and has given cause for concern relating to standardisation (JAB, 1994; Young, 1994; Clough, 1995). The nature of TEC funding results in training agencies 'pushing' candidates to complete in varying periods of time depending on the TEC (NCVO, 1995). Some completion times are much shorter than those undertaken by mature workers with experience. The concerns voiced by some centre managers is that the quality of the NVQ will be compromised if this short completion time is achieved by 16 to 18 year olds with no previous work or life experience. A national training inspectorate has been developed to monitor the performance of TECs in order to address the negative reporting of the last few years. However, the basis of the inspection is self- assessment by the TEC centres with follow up visits by inspectors so the efficiency has yet to be evaluated.

Despite the concerns about quality voiced by the awarding bodies and the informal agreements at seminars that NVQs are not the most appropriate route for young people wishing to enter the care field, none of the awarding bodies have withdrawn registration from the centres or prescribed any further recommendations to address concerns. The nature of the training market makes such a decision impossible unless all the awarding bodies agree the policy together. Standardisation remains a major issue for assessment centres because maintaining quality has a price which few centres can sustain as long as less rigorous centres are allowed to continue practising.

4.10 Cost implications

Accurate costing information on providing NVQs for staff remains sparse and inconclusive. The cost of training a candidate can vary considerably depending on the size and staffing of the assessment centre, the experience of the candidate and their training needs. This has resulted in workplaces 'shopping around' for the cheapest deal but not necessarily the best quality system which has further complicated the concept of national standardisation.

The only predetermined cost is the registration fee with the awarding body which is about £50 - £60. All other 'add-ons', for example, candidate induction, telephone support, assessor and candidate support meetings and administration are costed into the centre's registration fee. Invariably, a centre that attempts to be efficient and 'quality-conscious' but is unable to access previously established administration support as might be provided by a college, is going to be more expensive. The cross-centre survey within this study found candidate registration costs varying from £0 to £400 and assessor training from £0 to £300 and all with different inclusive packages (Dunlop, 1996d).

Some centres are not declaring the true costs of implementing care NVQs in order to encourage NVQ take-up in a sector which does not have much disposable income (Smith, 1994). JAB (1994) found a common feeling that NVQs were under-resourced so the system was not as effective as it could be. Some workplaces asked the candidates to pay parts of the NVQ costs, for example unit certification costs or 'record of assessment' book costs, but most workplaces seemed to pay all the costs for the candidate (ibid.). Other costs for the employer involved training, replacement costs for assessment time, verification and standardisation which can be variable and difficult to define at the beginning of the NVQ process. This inability to assess the financial

consequences of implementing NVQs in the workplace is off putting for the small home owner/manager who has a limited budget and unpredictable financial flow because of the dependency on local authorities. While training is considered favourably by the inspection units, the quality of training is erratic and lacks regulation (Ganderton - Spencer, 1996).

4.11 Future changes

A number of changes are expected to take effect over the next year which will have an impact on the care sector. It is expected that a General Social Care Council will replace the Central Council for Education and Training in Social Work following a Social Services White Paper expected in 1998 (DOH, 1997c). Scotland may have a separate body. The new council is expected to require all care sector workers to be registered. The details and criteria for this with respect to qualifications is unclear at the moment but may impact on the usage of NVQs for untrained staff.

What is certain is that CCETSW will no longer work as an awarding body from the end of September 1998 and will transfer its NVQ remit to City and Guilds at this time (Heaton, 1998). CCETSW, in consultation with employment representatives, was involved in making a submission to the Department for Education and Employment (DfEE) on behalf of the personal social services sector for a proposed national training organisation (NTO) to be called the 'Training Organisation for Personal Social Services' (TOPSS) (ACTAN, 1998). The health care sector will have its own NTO though it is expected that much joint consultation between the two NTOs will take place because of the skills mix across the sectors (ibid.) and to facilitate improved interagency working as recommended in the recent White Paper regarding care provision (DOH, 1997b, 2.4). The NTO will have a much larger remit than CCETSW in planning all training and

qualifications for the sector. To facilitate this, membership will consist of representatives from education and training, employment, government and statutory bodies. The NTO will become functional in 1998 in order to continue the work of the Care Sector Consortium which ceased to exist in April 1998.

As well as these changes assessment centres will have to implement the new care standards from May 1998 which will involve some reorientation and retraining of centre members because of the new format and paper requirements.

4.12 Summary

Changes in the care sector have resulted in a market place of care provision with a rapid growth in the independent sector and a reduction in statutory care provision in favour of assessment and inspection. The growth in small residential units has resulted in an increase in untrained workers undertaking caring responsibilities in an area lacking in traditional qualifications.

The introduction of NVQs in care has been seen as a possible route to monitoring and improving quality of care while giving recognition to experienced workers, many of whom are mature, female, part-time workers with no previous qualifications. However, the implementation of care NVQs has demonstrated the difficulty of standardising practice across awarding bodies, assessment centres and workplaces found in other sectors. The financial investment in developing the NVQ system has resulted in competition throughout the training system in order to recruit candidates particularly at the younger end of the employee market. Colleges and training agencies offer structured training to this age group in order to obtain outcome-related funding.

The NVQ approach to assessment has met with further complications in the residential sector because many assessors lack the knowledge base and confidence to perform the assessment role despite extensive practical experience. This is exacerbated by the complexity of the occupational standards in care which have been criticised for their language, structure, lack of fit to the workplace and administrative workload. These issues, along with the need to provide 24 hour cover in care with associated staffing and shift problems, have resulted in the progress rate for care NVQs being slower than expected. The motivation to progress has been compromised for some candidates who do not wish to further their careers or are aware of problems associated with parity of esteem in attempts to access further and higher education. In the small workplace with a 'flat' hierarchy, this problem is worse as vertical progression is unlikely because of structural factors.

There is little evidence that success in obtaining an NVQ improves promotion prospects or financial recognition. However, workplaces that have invested heavily in developing an NVQ environment report improved satisfaction and quality of care. Unfortunately, the variations in approach to assessment coupled with the diverse range of evidence production prevents the NVQ being deemed a 'national' qualification because of the lack of standardisation. The funding of care in the new market place does little to motivate home owners to invest in a new qualification while the credibility of NVQs remains in question.

The reasons for choosing the care sector as a case study for the research were: the complexity of NVQs in care, the staffing arrangements in the workplace; and the implementation issues discussed in this chapter. Unlike other occupational areas with a traditional training route, I was interested to see if the absence of routine training would

affect the acceptability of NVQs particularly for experienced mature workers. Having experienced the development process in one assessment centre, I was keen to see if standardisation across centres was as problematic as had been reported and what methods had been used to develop other systems for providing evidence.

The changing nature of the financing of care and the need to market the workplace because of the increasing competitiveness across the independent sector was of interest. Much of the literature reviewed in this chapter and the data discussed within the various reports had been obtained at a general care level from NVQ users in large, statutory organisations as well as smaller independent units. However for the main study, I wanted to concentrate exclusively on small residential homes in the independent sector because of their recent growth and financial organisation. By studying their experiences, I hoped to extend the knowledge of care sector implementation within an important aspect of care provision which is expected to develop as the elderly population increases. Because of the competition in the care market place, I wished to examine whether workplaces and local authorities would regard the NVQ as a valuable indicator? If so, what financial assistance was available to support NVQ implementation? Were there cost differences between centres and did this influence progress and quality? Which candidates were offered NVQs and how did they value the experience? These questions and the focus of the research discussed in the introduction underpinned the methodology for the study which will be explored in the next chapter.

Chapter 5 Methodology

The small residential care homes in the independent sector were chosen as the case study because they fulfilled the criteria for the research - mainly their representation of the small business sector in (a) the sector's dependency on large organisations for survival, (b) the growth as a sector over the last decade (c) the employment of female, part-time workers and (d) the lack of a traditional training pathway for mature workers.

The introduction of NVQs to the workforce to facilitate an improvement in skills is dependent on management commitment to the scheme, workplace assessment, trained assessors and equal opportunities regarding access to the NVQ particularly in relation to gender and hours of working. However, these expectations can be problematic for very small businesses whose rapid growth has resulted in '99% of the UK's total enterprises' being workplaces employing less than 50 people (DTI, 1996, p. 84). This is further complicated for workplaces where shift work and temporary workers feature regularly. Since part-time work accounts for 25% of all employment (Hewitt, 1997) and 80% of this work is performed by women (CBI, 1994a), the study is useful in demonstrating the issues around implementation of training within very small workplaces.

This chapter will review the literature on the research methods which provided the background to my choice of methods and tools, and will then discuss the decision process behind my choice of study design and methodology. The issues related to researching in small organisations will be explored.

5.1 The focus

For the main part of the study, I wanted to explore the feelings of the participants in more depth than had been available using the survey method. This involved widening the picture to involve managers, assessors and candidates within a number of small workplaces which were accessing NVQ registration through different assessment centres. This would allow me to try and understand the variations and dynamics of NVQ implementation and the associated structural and personal factors affecting the experience as discussed in section 1.5 of the introductory chapter. A qualitative approach would provide this breadth and depth and allow a number of research methods to be employed. From my previous experience, the four main areas of interest that were central to the research related to factors affecting progress; progression pathways; standardisation issues; and the financial pressures for employers implementing NVQs in the workplace.

After undertaking some exploratory work which involved visiting other occupational areas to observe assessment practice, examine awarding body documentation and interview assessors, it seemed appropriate to limit the research to one area within an occupational sector which could be used as a case study. I was naturally drawn to the care sector because I had some credibility with the awarding bodies who were willing to support my credentials (Punch, 1986); I could share the culture which would improve my acceptability into the workplaces (Bulmer, 1988; Marshall H, 1994); I was familiar with the care NVQs and the complexities of the occupational standards; and I had professional contacts who could help me to network effectively with centre managers in order to gain access for research purposes (Crompton and Jones, 1988; Buchanan et al, 1988). As detailed in chapter 4, the small residential homes in the independent sector also illustrated the changing patterns of employment discussed in Chapter 2.

5.2 Methodology issues

Deciding the design of the study involved reviewing some aspects of my own background and the structural issues that would be imposed by the nature of the workplaces and the care workers. Care workers do not feature highly in research studies and were not familiar with research or researchers. To obtain the data for the study, I knew that I would have to develop a relationship with people who did not know me in a way that encouraged trust and therefore more reliable disclosure of information. For this reason, I decided that a longitudinal study would be useful because it would allow me to build up a confidential relationship gradually (Vincent and Warren, 1998) and would also allow me to monitor progress and comments over a period of time.

However, the nature of the working practices, including the need to staff over 24 hour periods and the unpredictable nature of client care, meant that researching in this type of workplace required certain considerations to be taken into account when planning the methodology. From personal experience and previous work in the field, I knew that staffing rarely allowed 'time-out' for any length of time particularly in small workplaces where financial considerations meant staffing was sufficient to be safe but rarely allowed any spare time. Care of the client would remain paramount to the participants while I was interviewing them unless they were interviewed in their own time - a situation I was reluctant to encourage because private time is usually precious to part-time workers with other commitments. Therefore, one of the main considerations was that the interview design would have to have some structure because time would be limited.

Shift arrangements meant that it was unlikely that I would be able to interview all participants in a workplace during one visit. Repeat visits would be costly on travel

time. As well as the practical issues, ethical considerations had to be considered particularly with respect to confidentiality of information and the fact that my research area was also home to the residents and not merely a commercial environment. This had implications for accessing the workplaces because assessment centre managers acted as the 'gate keepers' for the workplaces registered with them.

I was also concerned about the effect my contact would have on the participants in the form of dependency relationships with myself, particularly if they were struggling with the NVQ process and I was perceived as an 'expert' in the field. While it was expected that the workplaces would take advantage of my visits to assist themselves with any general NVQ concerns, I had to be sure that my presence and eventual exit did not result in any problems for the participants.

5.2.1 The methodology - quantitative or qualitative?

The issues and problems of choosing the most appropriate methods for the pilot and main study were complicated for myself as a new researcher. Having come from a background in health and psychology where a 'scientific model' of quantitative, longitudinal studies is often the normal research route, I found it unsettling to explore the qualitative field and the methods involved for the first time. I had expected to conduct the study in a 'scientific' way though with a certain degree of concern in trying to decide how many workplaces and candidates/ assessors would be required to give me a representative sample; how I would randomly select these people and gain access on a regular basis; and what variables could be manipulated so that the data produced would be statistically significant using a positivist approach.

However, there was a certain tension in this initial expectation. I had no wish to alter the approach of the participants by manipulating their experiences. After all, my main

objective was to share what they were experiencing while undertaking an NVQ as it 'naturally' occurred (Hammersley, 1992, p. 43). By reading, discussion and attending research training I realised fairly early in the design process that this approach was unmanageable for a single researcher on a limited budget and would not give me the depth and richness of data that I wanted to obtain. I would be able to confirm my initial findings over a wider sample group but I would not be able to experience the 'why' and 'how' of the respondents comments.

I wanted to explore the findings of my previous survey work (Dunlop, 1994) at a more personal level to find out how and what the participants felt over a period of time - to share their meaning of the experience (Brannen, 1992; Hammersley, 1992; Dey, 1993). I needed to have the flexibility of knowing that the areas of interest could change and be shaped by the findings and disclosures that occurred as the research developed (Brannen, 1992). The iterative nature of the research process along with the need to obtain more complex, in-depth discussion leant itself to a qualitative approach (Parr, 1998). As Brannen (1992) discusses:

> '...The qualitative researcher begins with defining very general concepts which, as the research progresses, change their definition ...The qualitative researcher is said to look through a wide lens, searching for patterns of inter-relationships between a previously unspecified set of concepts, while the quantitative researcher looks through a narrow lens at a specified set of variables.' (p. 4).

I was aware that my previous professional background would influence my perceptions and understanding of the interactions and my interpretation of the data (Dey, 1993; Stake, 1995). After all, the ability to share the 'care culture' was one of the original reasons for choosing the sector. While this subjectivity would be frowned on by quantitative researchers, the qualitative 'school' acknowledges that the researcher 'must use themselves as the instrument, attending to their own cultural assumptions as well as

to the data' (Brannen, 1992, pp. 4-5; Song, 1998). This was comforting to me as I slowly orientated myself to a new research culture.

Despite the acceptance of the researcher as an integral part of a qualitative work, the researchers' role within situations which are familiar to them may lead to a failure to recognise patterns because of this familiarity (Lacey, 1993). This may result in biased interpretation - an argument that could be made with respect to this study. However, my familiarity was with the care NVQs and not with the intimate work in any of the workplaces in the study. Therefore visiting and observing resulted in situations that Burgess (1984) describes as both 'familiar yet strange' (p. 26). This helped to maintain my curiosity and interest and preventing me from taking anything for granted.

Despite the decision to use qualitative techniques for the main study, the quantitative approach could not be dismissed as I had limited experience of one assessment centre and I needed to know if my experience was common to other areas. To some extent, acquiring some numerical data with which I was familiar also gave me some reassurance and confidence about the qualitative aspects of the study. A quantitative approach was used on two occasions to inform the next stages of the research. The first occasion was the start of the pilot study when I wanted to survey all the candidates in one assessment centre in order to determine the factors they considered important in their NVQ experience. Access to the candidates was negotiated with the centre management in return for a copy of the report of my findings by a specified time. I was given the opportunity to contact nearly one hundred candidates but because of the limited time period imposed by the centre management, I decided to use a telephone questionnaire. The method allowed control over quality by standardising questions; responses tended to be specific because there was less distractibility than might be

experienced by 'one to one' interviewing in person; answering questions 'over the phone' was less threatening for the candidates; and it was cost-efficient because there was no travelling time or costs and I could collect data more quickly (Lavrakas, 1993). While the method was efficient, it would have had drawbacks later in the study when respondents needed to develop a relationship of trust with me before they were comfortable enough to disclose personal feelings.

The second occasion for using a questionnaire was towards the end of the first research phase when I wanted to know whether the findings and experiences of the pilot assessment centre were mirrored generally in other centres. This involved surveying thirty-five centre managers who had volunteered to take part by postal questionnaire. Twenty-two responses were received (63% response rate). The volunteer centres covered a wide geographical area across the Midlands and the location of the centres would have meant personal visits being prohibitive on time and travel costs. By using a semi-structured questionnaire, the responses could be analysed more effectively because of the standard nature of the questions. This allowed common themes to emerge on analysis as well as giving the participants opportunities to extend comments in more open-ended sections of the questionnaire.

The various findings from both surveys were used to refine the areas of concern for the main qualitative study. As the qualitative research developed, previous quantitative findings over a wider area were useful in validating the qualitative data (Bryman, 1988, 1992; Silverman, 1993). Without looking at wider experiences in other centres, my limited experience of a single centre would have been too narrow for exploring possible progress issues with centres used in the main study. The second questionnaire highlighted different models of centres and widely fluctuating standardisation issues

across centres and awarding bodies that were to be valuable for design of the qualitative work. The other main advantage of using a quantitative approach early in the study design was that I was able to recruit volunteer respondees for the qualitative part of the study as a result of the contact from the survey work (Brannen, 1992; Bryman, 1992).

The arguments surrounding the suggestion that qualitative and quantitative methods are mutually exclusive methodologies have tended to involve the varying methods of dealing with data - the quantitative researcher following a scientific, hypothetico-deductive method versus the epistemological, inductive model of the qualitative researcher (Bryman, 1988, 1992; Brannen, 1992; Hammersley, 1992; Henwood and Pidgeon, 1993; Yin, 1994). However, as Hammersley (1992) discusses, most research moves between the two paradigms because data informs ideas and vice versa (p. 48). Qualitative data often undergoes some form of coding and hence, numerical analysis in a broad form in order for the researcher to observe potential relationships and develop theoretical concepts. Stake (1995) also agrees that both methods are 'mixtures' of each other varying only by the degree of emphasis (p. 36) and Crompton and Jones (1988) recommend that any study of organisations should contain mixed methodologies because 'quantitative data always rests on qualitative distinctions' and a single approach would be 'suspect' (p. 72). Brannen (1992) argues that combining both methods is useful for:

> 'social groups whose material situations and perspectives have been under- or mis-represented in social research. While the qualitative approach may overcome some of the problems of giving a voice and language to such groups, through which they may better express their experiences, the quantitative approach would serve to indicate the extent and patterns of their inequality at particular historical junctures.' (p. 22).

This approach seemed very relevant to the planned study - the candidates were under-represented in recent studies and the extent of the commonality of their NVQ experience was formally unknown.

Traditionally, the conflict between quantitative and qualitative research arises on the grounds of thoroughness of approach in data collection, objectivity of the researcher and the ability to generalise from the findings (Brannen, 1992; Schofield, 1993). While the qualitative methodology does not lend itself to a structured means of verifying data reliability and validity in the same way as experimental work, validity is still an integral part of the methodology design. Schofield argues that 'qualitative researchers often reject generalisation as a goal' (p. 92). However, he would argue that internal validity is important and external validity can be improved by choosing research sites that demonstrate typicality and by conducting multisite studies (ibid. p. 100). Deem (1998) argues that there is a traditional inbuilt positivism which condemns qualitative work on principle and believes that acceptability of qualitative data relates to the open-mindedness of the audience, the fluidity of the policy context and previous research. Despite the complexity of the qualitative approach, Stake (1995) argues that researchers still have an ethical obligation to prevent misinterpretation of their findings (p. 108). By attempting to conform to a certain code, then the generalisability of case studies can be improved both internally and externally depending on their 'usefulness as projective models' (Elliott, 1990, p. 59).

I attempted to improve generalisability by designing the study to cover a number of workplaces which accessed assessment centres that demonstrated different organisational approaches. Centres were selected to reflect the common models implemented nationally, for example within colleges, universities, consortia and training

agencies. The workplaces were all small but represented the private as well as voluntary sector. While the self selecting nature of the recruitment process along with the economic constraints of a lone researcher could be considered a weakness in the study, the make-up and size of the sample was broad enough to demonstrate common themes and concepts within the study.

To improve validity, triangulation was carried out on a number of levels: 'data triangulation' both for time by carrying out a longitudinal study and personnel by interviewing candidates, assessors, managers and key personnel (Denzin, 1978; Burgess, 1984); 'methodological triangulation' by using mixed methodology to validate the findings from both quantitative and qualitative studies (Brannen, 1992) and a 'within method' for example, using a semi structured interview schedule on more than one occasion and 'between method' for example, using observation of tasks to confirm interview data (Denzin, 1978, pp. 301-302; Burgess, 1984, p. 145). Triangulation of areas of interest was performed throughout the study by examining data corresponding to progress, progression, standardisation and finance for all personnel interviewed. Also, findings from the study were validated by sharing with other professionals at conferences and meetings as well as with the participants (Silverman, 1993, p. 156) in order to validate my interpretation of their socially constructed experiences. Elliot (1990) would assume 'validity is demonstrated when participants arrive at a consensus under conditions of free and open dialogue with the researcher and each other' (p. 56). While I agree with the need to confirm interpretations with the participant, most of the candidates and assessors were interviewed alone in line with the promised confidentiality clause of the research agreement so sharing of feelings was difficult between participants.

To summarise, the methodology resulted from a decision to use a qualitative approach for the main study. However, two surveys were used during the pilot period to determine research areas for the main study and also to facilitate recruitment for the qualitative study. Validity was improved by mixing methods and triangulating personnel and data.

5.2.2 The Case Study approach

Hartley (1994) states:

> 'Case study research consists of a detailed investigation, often with data collected over a period of time, of one or more organisations, or groups within organisations, with a view to providing an analysis of the context and processes involved in the phenomenon under study. The phenomenon is not isolated from its context ... but is of interest precisely because it is in relation to its context' (p. 209).

The more unique characteristics of the case study approach, for example, being holistic, empirical, interpretive and empathetic (Stake, 1995, pp. 47-48) are the strengths which recommend its usage to qualitative researchers. Since the case study approach can be considered as a strategy rather than a method (Hartley, 1994), it offered a number of strengths which were appropriate for the planned data collection: the flexibility and adaptability of the strategy allowed me to change my areas of interest as they were shaped by the findings and disclosures that occurred as the research developed; the iterative nature of the research process lent itself to a qualitative approach which is commonly used in case studies; and the ability to look widely at the influences in an organisation over a period of time resulted in rich data collection which would not have been available in such depth using a quantitative approach. As a method, the case study allowed me the opportunity to engage in a number of roles throughout the research period - 'teacher' to the participants when appropriate as well as to the readers of the thesis; 'advocate' on behalf of the candidates and assessors by presenting their feelings to the public; 'evaluator' of the NVQ programme within very small workplaces; and

'interpreter' of the socially constructed situations experienced by all of us during the study (Stake, 1995, pp. 91-99).

However, as a research tool, the case study has been criticised for its subjectivity, slowness and cost (Stake, 1995; Deem, 1998); its limited ability to produce findings that can be generalised; and its inability to offer reliable data (Schofield, 1993; Hartley, 1994). Advocates of the case-study would argue that these criticisms are unfounded because the data, which may be specific to an organisation, can offer generalisability if the processes and theory developed and observed within that study are transferable to other situations given similar events (Elliot, 1990; Hartley, 1994; Stake, 1995; Deem, 1998). Schofield (1993) would argue that validity is improved further by the use of multisite studies which make 'a potentially useful approach to increasing the generalizability of qualitative work to *what is*' (p. 101). By using a number of assessment centres and their associated workplaces I hoped to fulfil this aim. Supporters of the qualitative approach would argue that quantitative work is no more generalisable because its findings are only relevant to the population under study (Yin, 1984; Eisenhardt, 1989; Schofield, 1993; Hartley, 1994).

5.2.3 Researching women

Interviews were used extensively throughout the study because of their flexibility and ability to produce a depth of data (King, 1994). The method can allow the researcher to share the world of the interviewee to some extent and the openness of the interview structure can allow disclosure to continue as the relationship between interviewer and interviewee develops. However, the traditional interview process has encouraged passivity in the interviewee in order to minimise bias and misunderstanding (Douglas, 1985; Oakley, 1993; Holstein and Gubrium, 1995).

This caused me some concern. In the occupational sector chosen for the case study, most of the participants were female and very unfamiliar with 'normal' research protocol if such a thing exists. Previous interviewing experience with female care workers had shown that they expected to ask me questions as well as respond to mine; they encouraged mutual disclosure about work, family and home in order to develop a relationship; and they wanted reassurances about their experience as well as purely 'telling me a story'. I felt uncomfortable anticipating interviews which took a formal, one-sided 'clinical' approach where I had all the power. Potentially, this would reduce the care workers' self esteem even further if they were experiencing work problems and might limit their willingness to extend the basic disclosure of the interview.

Further reading reassured me that my preferred, relaxed approach was acceptable to some researchers. Oakley (1993) and Holstein and Gubrium (1995) argue that both parties to the interview have to be active in the process of constructing and sharing meaning. The interviewee is an essential part of the construction of the process and the social context in which the interview occurs (Hammersley and Atkinson, 1983; Silverman, 1993; Holstein and Gubrium, 1995). Douglas (1985) encourages techniques 'based on an understanding of friendly feelings and intimacy, to optimise co-operative, mutual disclosure and a creative search for mutual understanding' (p. 25). This need for mutual disclosure was supported by Burgess (1984).

By the nature of repeated interviewing, the development of a relationship was likely to occur particularly because I was also female (Finch, 1993; Oakley, 1993). As Finch (1993) reports 'Women are almost always enthusiastic about talking to a woman researcher, even if they have some initial anxieties about the purpose of the research or their own 'performance' in the interview situation' (p. 167). She also feels that women

are more willing to entertain personal questions because of their life experiences and tend to welcome a 'sympathetic listener' (p. 169). Oakley describes one of her main reasons for moving away from traditional interview techniques as one of '... giving the subjective situation of women greater visibility ... a strategy for documenting women's own accounts of their lives' (p. 235). This is more important when the group are considered fairly powerless. I felt this was appropriate given the fact that care workers have had little qualitative work carried out on their experiences of NVQs and are generally considered to be in a low status occupation.

The evolving relationships between myself and the participants resulted in what Miller (1998) calls 'multi-layered narratives' (p. 69). As the women became more relaxed and familiar with the interview process, the discussions showed how the women's private and personal lives were interrelated strongly with their public working lives and issues around family commitments and histories were a regular occurrence in the interview situation. Like Miller, their disclosures were sometimes contradictory as the women juggled their personal expectations with the need to fulfil their other domestic responsibilities.

I continued to encourage this 'friendship' because I felt it was important to try and interact with the participants in a non-hierarchical way whenever possible in order to obtain reliable data. The spacing of the visits prevented too much familiarity which might have compromised my perceptions and judgements. There were certain differences between myself and the participants that would not disappear by the nature of being from a university and being perceived as an NVQ 'expert'. However, I felt that I had a responsibility to avoid exploiting my position by minimising the power relationship (Mauthner, 1998).

5.3 Research Issues

A number of areas were of immediate concern once I had decided to research in the workplaces on a regular basis.

5.3.1 Access and sharing the culture

I was concerned about access to workplaces which were not known to me. Managers might have seen me as a burden on their time and a potential security risk given the vulnerability of the client group. Buchanan et al. (1988) acknowledge that managers have little time to give to research and invariably someone has 'got there first' (p. 55). This was certainly the case with the care sector as centres were being inundated with questionnaires about reviews of standards by the awarding bodies. I anticipated that most centres would be too busy to bother with an unknown researcher. However, the anticipated problems of accessing workplaces were not realised and most people were very open to contact.

Opportunistic contacts and networking featured strongly throughout the study (Buchanan et al, 1988). My earlier work and the resulting reports had been sent to the awarding bodies who were willing to support my intended work with assessment centre managers if this was required. The assessment centre management committee that had employed me to undertake the earlier surveys was willing to allow me access to their centre candidates for my pilot work in return for any reports.

The manager of this centre offered me the opportunity to address an audience of assessment centre managers in the Midlands which she arranged through her network of centre managers. This occurred at the first meeting of the new Standing Conference of Assessment Centres in Birmingham in 1996. This proved invaluable as a means of recruiting potential volunteers for the main study because I was interested in accessing

assessment centres in other geographical areas who had a different model of operation from the centre used in the pilot study. Buchanan et al. (1988) discuss the merits of informal contacts within organisations when negotiating access and Crompton and Jones (1988) recommend making 'early contact with the managers' as well as informal personnel to ensure access (p. 69).

At the meeting, I was able to discuss my research, talk the same language and demonstrate an awareness of the problems and issues of concern to the assessment centre managers. The need to share meaning and jargon is important for the credibility of the researcher (Bulmer, 1988; Marshall H, 1994). As well as 'talking their language' it was important for them to see me. It is easy to dismiss the unknown person as someone who may be more trouble than they are worth. The conference meeting allowed them to see that I was female (Silverman, 1993, p. 35); seemed to have knowledge of the system; had experience in the field as an assessor and verifier; was accepted by the senior members of the organising group (through contacts) which helped my credibility; and appeared well turned out and of a certain age, ethnicity, social class and culture (from the accent) (Punch, 1986). While the care area is a sector dedicated to equal opportunities, social psychology demonstrates that first impressions are still very important (Argyle, 1988).

These managers were the 'gatekeepers' to access to the workplaces (Punch, 1986; Bailey, 1996). As Buchanan et al. (1988) discussed, my progress was going to be dependent on the goodwill of these people. It was important for them to see me as 'one of them' - a practitioner, rather than just a 'theoretical' researcher. To assist this, I distributed an information letter on University headed paper alongside the other conference information. It offered an introduction to myself and the research and

emphasised the confidential nature of any involvement. The bottom of the letter had a tear-off slip asking for details if the manager was willing to be contacted in the near future in order to answer a questionnaire. No pressure was applied and I was available to answer any questions throughout the day. From this, I received 35 interested centres. The information was kept on file and used to distribute the questionnaire for the centre survey towards the end of the first year of the studentship.

While it could be assumed that my familiarity with the Care NVQ system might have affected the objectivity of the research, I felt that the ability to empathise with the participants, understand the constraints within which they worked in providing care and talk the same language were essential in my ability to access the workplaces. The ability of the managers to see me as an 'expert' in the field encouraged them to allow my involvement in the hope that the experience could be mutually beneficial (Crompton and Jones, 1988).

Eventual access to the workplaces took some negotiation with initial requests being made to the assessment centre managers via the returned survey questionnaires (Bryman, 1992). The final section of the questionnaire asked the managers to complete their contact details if they would be interested in further involvement with the research. Certain criteria were stated relating to geographical distance and having small, independent, residential homes in their centre who had level 2 NVQ candidates that would be interested in being visited over the next year. For the reasons discussed earlier with respect to shift patterns, I felt it was important to limit the geographical distance to a thirty-five mile radius because of the anticipated need to make more than one visit to a workplace in order to see all participants within a given round of interviews. Both time

and financial considerations had to be considered if the research was to remain manageable.

From the responses, I could identify potential centres with different models, for example those run as consortia, centres within further and higher education centres, those with links to statutory services and training agencies. The centres could identify workplaces that might be interested in some free advice and assistance in return for access. The centre managers could reassure the workplaces of my credentials and background which was important because of the nature of the research environments.

I felt it was important for all participants in the study to give informed consent before becoming part of the study (Punch, 1986; Stake, 1995; Bailey, 1996). A protocol for the study was designed and distributed to the interested centres and workplaces so they were able to 'opt-out' if they felt it was inappropriate (Appendix C). Access to some centres had to be negotiated through the executive committee of the centres as well as the assessment centre managers. This required attendance at management meetings to confirm the protocol prior to obtaining consent.

Once the workplaces had agreed to meet for further discussion, I arranged a convenient time to visit and discuss the protocol initially with the workplace manager and then individually with the assessors and candidates. At this time, a research agreement was signed by myself and each volunteer and the participants kept a copy. This detailed their rights throughout the study period (Appendix D). All further visits were negotiated by phone at a time to suit the workplace and the participants (Miller, 1998). My ability to offer flexibility was essential as staffing issues, part-time shift patterns, and busy care periods limited the time when appointments could be made.

5.3.2 Ethics

The ethics of researching in workplaces which were also people's homes required some thought and guidelines prior to initial contact. It was important to demonstrate sensitivity to the issues when meeting the assessment centre managers who were 'the gate keepers' to future activity. My awareness of the sensitive nature of the care sector and an understanding of the issues and continual flux in the workplace were transmitted to the managers during discussion at the introductory visit before they agreed to be part of the study. A younger, less experienced person might not have had the same reception.

Also, as Punch (1986) discusses, researchers have a responsibility to make sure that they do not spoil the field for future researchers. As researching care workers in small residential settings was a fairly uncommon occurrence, I felt it was important to be open in initiating a shared understanding between myself and those being studied. Too much formality would have been frightening and off putting for the candidates but at the same time, as a group rarely represented, I felt it was important to give them the necessary respect required to develop their confidence before the study began.

The quantitative survey at the start of the main study had demonstrated that despite national occupational standards, the system for documenting evidence varied between centres. To reduce any distress from giving inappropriate messages, I asked each assessment centre manager involved in the study to brief me on their paper systems. I discussed the type of support and general help that I could provide and agreed to refer to the centre for specific help if required, with the participant's agreement.

As discussed in the previous section, research agreements were signed at first meetings after discussion of the research with all the personnel involved. Internal verifiers were asked if they had any objections to me visiting their assessors and assessment centre managers were informed of the workplaces that had agreed to be part of the study. Sufficient information was stated in the protocol for the participants to understand the voluntary nature of their involvement; the main aims and methods of the research; the frequency of visits; confidentiality and access to their own information; and the opportunity to leave the study (Kimmel, 1988, p. 69). I asked all participants if they were willing to continue with the study after each visit.

By giving information, I hoped that informed consent would encourage the participants to remain in the study for the length of the research time. However, Singer (1978) argues that requesting informed consent particularly if a signature is required may reduce participation. Kimmel (1988) discusses the fact that privacy and confidentiality may be more important than obtaining informed consent (p. 73). However, I did not see any need to use deception. I felt it was important for the participants to be aware of my intentions and know that they had the opportunity to withdraw or comment, in confidence, about their feelings knowing that any material would not be shared with anyone else without their permission. I felt that both of us signing the agreement ensured a degree of commitment.

Accessing workplaces required specific guidelines to be set with respect to confidentiality (Bulmer, 1982; Burgess, 1984). Potentially, I might have become aware of internal conflict within the workplace and an alliance with any one person could have threatened jobs if information was disclosed. Without reassurances of confidentiality, disclosure from the participants would have been limited and reduced the effectiveness

of the study. Crompton and Jones (1988) recommend offering 'a listening ear' in return for access and report that complete confidentiality is essential for this to be successful (p. 70). Candidates in some conflict with the NVQ process because their assessor was also their workplace manager or employer, regularly asked for confirmation of the confidentiality clause and one regularly referred to the research agreement prior to my visit to reassure herself of the guidelines before disclosing personal worries. This demonstrated the importance of the agreement process during discussion of the protocol.

I was also able to obtain information that could be commercially sensitive as more assessment centres are being established in a free-market place so reassurance of the managers was important. Transcriptions were available for inspection only to myself and the participant involved - a procedure which was encouraged throughout the study. Codes were used throughout any writing and publications to ensure anonymity (Bulmer, 1982; Punch, 1986). Another major concern for me was that I might experience conflict in my responsibilities to the awarding bodies if I discovered bad practice. However, in discussion with my supervisor it became clear that my priority was to function as a researcher and the assessment centres were informed that I was not in a policing role and anonymity would be assured.

The relationship that develops with all involved in the research is a significant part of the process (Burgess, 1984; King, 1994). The changing nature of the participants' relationship with the researcher is an essential aspect of a qualitative study. I was aware that my involvement was going to influence this. My entry to the workplace was as a researcher with knowledge and the ability to help with local problems. However, this role could have overtaken that of the internal verifier and also demonstrated some practice that might be incorrect. From previous experience, I was concerned that the

participants might become dependent on me for support and counselling because of the relationship that would develop during the study period. My intervention would have an effect which could be beneficial or detrimental and I had a responsibility to minimize any negative effects. It would have been unethical to leave the participants in a worse state than when I started the research (Kimmel, 1988, p. 62).

Undertaking an NVQ in an already over-worked organisation can add considerably to the stress level of those involved, particularly if they are not progressing at their anticipated rate. An outside person showing interest and support might become a useful prop in a situation where role conflict might be present, for example where the assessor is also the workplace manager or owner. I hoped to reduce the possibility of this developing by stating clearly the period of the study and the frequency and purpose of the visits on the agreement. By spacing the visits to two to three months I hoped to reduce the development of any dependency. This seemed to be effective for the centres and workplaces that were new to me. However, the local centre used in the pilot had added problems because the participants were used to seeing me as a trainer within that setting and found my visits beneficial as a supplement to their own internal verifier. They were less keen to allow the visits to stop at the end of the year and a gradual exit had to be made over a longer period by extending the gaps between social calls in order to reduce the stress.

5.4 The research phases

The research was conducted in two main phases - preparatory and main study.

Phase 1 - an exploratory and preparatory phase covered the first year of the research. This involved a literature review; visiting and interviewing assessors in other occupational sectors - construction, hairdressing, business administration and

information technology - to determine differences and similarities with the care sector and to challenge any preconceptions which I might have had about the assessment process; developing research tools; designing and carrying out a pilot study in one assessment centre; addressing and observing local and regional assessment centre meetings; surveying a selection of assessment centres in the Midlands; and refining the research questions and tools.

The pilot study used a number of tools. Firstly, a quantitative study of all candidates in one assessment centre was carried out using a telephone survey. Following this, a longitudinal study of a sample of ten assessors and their candidates was carried out at three monthly intervals using postal questionnaires for a period of nine months. A sample of this group were visited and interviewed towards the end of the pilot study using a semi-structured questionnaire. A sample of workplace managers were also interviewed. The research tools used were evaluated and modified for use in the main study.

A survey of assessment centres in the Midlands was also conducted towards the end of this phase for a number of reasons: to confirm or refute the findings of the pilot study; to widen my perceptions by exploring the experiences of other assessment centres; to allow me to refine the research tools; to allow me contact with other centres which facilitated the recruitment of volunteer centres for the main study (Brannen, 1992; Bryman, 1992); and to provide me with quantitative data which was used to support the findings from the qualitative work of the main study (Bryman, 1988; Silverman, 1993).

Phase 2 - the main study. To improve validity I recruited centres and workplaces that were set up in different ways to explore whether the research findings related to

different models of assessment centres or were common despite the differing approaches. The centres were developed in different environments, for example, colleges of further and higher education, training agencies, consortia and within different counties as both of these factors could affect the funding arrangements for themselves and their associated workplaces.

Four different assessment centres identified workplaces that fulfilled the criteria of being small, not being part of the statutory services, were working mainly to level 2 NVQs in a residential setting and had been involved with NVQs for at least eighteen months so should have had some familiarity with the process. However, early in this phase, one of the centres withdrew because their chosen workplace lost its training officer so the development of NVQs was suspended. The design of the sample had prepared for this possibility.

In total, seven workplaces within the three remaining centres were accessed following introductory visits, discussion of the research protocol and negotiation of research agreements with all the participants. Eight assessors and fifteen candidates were recruited and interviewed independently on four occasions over a period of a year and assessment centre managers, workplace managers (Appendix H) and internal verifiers were visited and interviewed at least once during the study. One assessor and two candidates left during the period of the study because they changed jobs.

The interviews occurred in four rounds every two to three months. Semi-structured interview schedules were used throughout and on-going modifications were carried out to obtain relevant information based on analysis and reading of the previous interviews. 'Schedule 1' covered personal information of the candidate/assessor and workplace for

example, age, length of time in care, previous qualifications, expectations of the NVQ as well as areas relating to assessment time allocation, progress and evidence (Appendix E). The schedule was modified for the second visit to assess on-going progress. After using the schedule for the first two rounds of interviews, it became evident that many of the questions in both interview schedules were receiving the same answers and I was concerned that I could be demotivating the participants by emphasizing their lack of progress in-between visits. For this reason, I changed the planned 'schedule 3' to a task checklist linked to the participant's ability to find their way around the standards as well as checking on progress (Appendix F). The final visit reviewed their experience and progress and explored assessor methods and judgements (Appendix G).

Interviews were tape recorded and transcribed for analysis and supported by field notes. Workplace observation was an integral part of the visits. Longitudinal visits to the workplaces were made over the period of a year in order to track progress and identify issues arising in the implementation of NVQs. The period of the study was chosen to allow adequate preparatory time before the main study and sufficient time after the study to allow analysis and write-up within the period of the studentship.

5.5 Research tools

A number of research tools were used throughout the study to complement the interview schedules: participants were encouraged to keep diary accounts between visits; documentary analysis and observation of the approaches to portfolio building, evidence gathering and advice to assessors in different centres were examined; observation of the workplace environment and interpersonal relationships was also an integral part of my visits; and key personnel from the awarding bodies and NCVQ were also interviewed. Throughout the period of the research, ongoing literature reviews, reports and the

findings from the interviews were continually reviewed. This resulted in a frequent modification of approach in keeping with the iterative nature of qualitative data analysis.

Triangulation of methods was used to improve validity (Burgess, 1984; Brannen, 1992; Bryman, 1992). This comprised:

- literature review and documentation analysis
- survey by semi-structured questionnaires
- semi-structured qualitative interviews and diary accounts
- observation of practice

As well as methodological triangulation, the same tools were used with different personnel to obtain 'multiple data sets' (Brannen, 1992, p. 12). For example assessment centre managers, key personnel, internal verifiers and workplace managers were interviewed on isolated occasions. Assessors and candidates were interviewed individually over a longitudinal period (Burgess, 1984). By comparing the information across all the personnel, variations in interpretation or experiences within either one workplace, one centre or one awarding body could be built up more effectively or with improved validity than only examining one perspective.

5.5.1 Interviews

Using interviews to obtain data is a popular tool for the qualitative researcher. As King (1994) discusses:

> 'it is a highly flexible method, it can be used almost anywhere, and it is capable of producing data of great depth. Above all it is a method with which most research participants feel comfortable; when a researcher tells them 'I would like to interview you about ...' most people have a reasonable idea of what to expect' (p. 14).

The interview allows the researcher to see the world from the perspective of the person being studied. Unlike the positivist approach, the structure remains open and flexible to allow the information to flow without the imposition of too much structure which could limit the quality of the disclosure.

The form and length of the interview depends on the situation and relationship of the researcher and interviewee. I was keen to explore the candidates' and assessors' experiences of NVQs in their everyday work. To do this, I needed to see whether they shared the same motives for undertaking the NVQ, an awareness of each other's roles and responsibilities and whether they shared any positive or negative feelings associated with the process. No formal hypothesis was being tested and the sampling could not be arranged to provide a random sample representative of the national picture because of the issues of access, cost and feasibility. Hence, it would be inappropriate to use structured interviews for the study (Silverman, 1993). However, open-ended interviews can be threatening for the interviewee if there is insufficient structure or disclosure. A compromise was reached on using a semi-structured approach. This allowed a basic framework which eased data comparison across a number of participants and was more cost effective on interview time than an open approach.

Face-to-face interviews were used extensively throughout the study and conducted in the workplace because it gave me the chance to see the different working arrangements. Interactionists would argue that the social context is an essential part of any data interpretation requiring observation as a crucial aspect of the interview process (Hammersley and Atkinson, 1983; Silverman, 1993). The working environments in the study were certainly an important facet of the research for a number of reasons: the ability to find a quiet area for talking without interruption was difficult in most

workplaces; most participants reported that this mirrored their attempts to plan and give feedback related to NVQ activity; and interactions between personnel not involved in the study were observable and helped to widen the picture given by the participants. Some workplaces were very formal while others were very open and relaxed.

However, I believe that large parts of our interactions are socially constructed. The interviews involved the development of a relationship where we were assessing each other and constructing how we wanted to be seen within the scenario. This was an important aspect of the validity of the interview data. As a visitor to the workplace for interviewing purposes, I was likely to be seen as an 'expert' by the candidates because of my educational connections and my knowledge of the NVQ system. Over time, a relationship of trust developed which resulted in some relaxation and growing confidence for the candidates who felt able to ask me about my personal life in line with the feminist critiques discussed earlier in this chapter. However, my visits were not frequent enough to remove the constructed differences between us at interview. While they changed to some extent, the candidates, perhaps by choice, maintained my 'expert', work-detached role which was useful for them because it gave them the confidence to use me as an independent support and counsellor.

As Buchanan et al. (1988) discuss, the personality of the researcher is important for progress and relationship developments. I was looking at issues around care, vulnerable clients, unqualified staff, some workplaces with poor practice, training issues - all potential 'minefields' if my approach was wrong. An authoritarian or non-practitioner approach would have lost me credibility with this sector. It was important that I demonstrated a genuine interest for the people involved with the NVQ process and a sympathy for the problems discussed nationally. Self disclosure was important in

relaxing the interview situation and allowed the participants to perceive the situation more as a conversational interaction rather than a formal interview which was more productive (Burgess, 1984; Finch, 1993). Body language was important and eye contact in particular. Issues of trust needed to be developed early and reinforced throughout if access to the workplaces was going to continue.

Key personnel were contacted and interviewed both formally by arrangement and informally at conferences. This proved difficult in many cases because of the pressure of their work and the continual restructuring that occurred throughout the period of the research.

5.5.2 Transcription and audio-taping

Another factor that had to be consider in using the interview as a research tool was the amount of time required to transcribe the audio-tapes of the interviews (King, 1994). Buchanan et al. (1988) recommend that the researcher type their own transcripts to facilitate ease of understanding if there are technical difficulties on the tape and also it provides the opportunity to 'tidy up' the tape without distorting the interpretation (p. 62). By typing my own tapes, I was able to add short field notes, for example those relating to interruptions or non-verbal cues, that an outsider would have not been able to execute. It also gave me the opportunity to begin to see patterns because I was aware of the holistic picture of the workplace. The finished transcripts were shown to participants to check accuracy.

At the interviews, I asked permission to record the interview as this would allow me to concentrate on the interaction and reduce the time I was taking from the working schedule. Some researchers, for example Bulmer (1988), argue that the presence of a tape recorder can affect disclosure. I judged that the ability to concentrate on what was

being said and being able to pick up on small cues because of this was preferable to writing notes. If I had taken a long time to interview, this would have been more disruptive to the workplaces and perhaps affected the willingness of workplace managers to allow me further access.

All the managers were relaxed about the audio-tape. Requests to switch off the recorder in order to disclose sensitive information were carried out. However, none of the transcripts were available to anyone apart from the interviewee and myself so this would not have been a problem. Information disclosed 'off tape' was noted in field notes off-site usually in the car before leaving the area. All but one of the assessors were comfortable about the tape but a few of the candidates waited until the second interview before agreeing to the recorder. Some felt shy and uncomfortable and unsure about the confidentiality aspects. However, after some reassurance and explanation of what happened to the transcripts of the tapes, all were willing to be taped after the second interview.

To validate the findings, it would have been useful to have other researchers code a sample of transcripts and modify the templates appropriately (King, 1994; Silverman, 1993). However, this was unrealistic at this level of study where a single researcher with few resources was attempting to cover the area. Despite this, the involvement of other people in interpreting transcripts is an important factor in assessing the validity of the findings. To assist this, interpretations and transcripts were shared with those involved. Presenting the findings of parts of the research to a wider audience at conferences also validated the findings. Conference attendees willingly commented on the relevance of the findings to their own experiences.

5.5.3 Observation

Observation of assessment practice in other occupational areas was made at the time of the interviews discussed above. During the main study, the candidates' and assessors' abilities to use the occupational standards were observed using a structured schedule which prompted activities (Appendix F). This was carried out towards the latter stages of the research at a time when the participants were used to my visits and would feel less threatened at exposing their lack of knowledge if this was the case. By this time, all candidates had been 'active' with their NVQs for at least 18 months and should have been able to have some understanding of the NVQ process.

Observation of the workplace environment and interpersonal relationships was an integral part of my visits. The general atmosphere in some workplaces was indicative of a very traditional, structured approach to day-to-day management activities. Without visiting the workplace, the team dynamics would not have been obvious and it is unlikely that sensitive issues would have been disclosed through postal questionnaire without a relationship between myself and the participant being established.

5.5.4 Diary sheets

Because there was a two to three month period between visits, I designed a simple diary sheet for the participants to use in the interim period. They were instructed to write basic feelings about their NVQ experience as it happened. The sheet formed part of an 'aide-memoire' when the next interview took place. However, this proved a failure because most participants were not comfortable writing down their feelings so it was abandoned after the second round of visits.

5.6 The participants

An attempt was made to select centres for the main study from areas which were geographically closest - within 35 mile radius of my home. Unlike some occupations the participants would be involved with (a) 24 hour shifts which could be different from their assessors; and (b) flexible working arrangements relating to part-time working, short-staffing, sick leave and annual leave cover. All of these could limit the frequency of my observation and interview time.

An initial attempt to select six workplaces in two different centres, one being the centre used in the pilot, proved difficult because centre managers were only willing to give details of two or three workplaces for the study. This resulted in four centres being recruited offering between one to four workplaces each. One centre had to be withdrawn from the main study because the training officer in the identified home left the workplace. Her departure had resulted in a delay in establishing the NVQ systems 'in house' because she had had sole responsibility for the implementation process. It was thought inappropriate for me to enter at that point because little active assessing was taking place and I would have been used to troubleshoot the formation of the NVQ. The fragility of the NVQ system was demonstrated by this scenario. Only one person had an understanding of the wider implementation picture. Her departure meant more disappointment and upset for staff who had been promised a qualification.

This left 3 centres. Each centre represented a different approach to centre design: centre 1 was part of a college of Further Education (FE); centre 2 was a consortium and centre 3 was part of a higher education department with responsibilities for training within a number of NHS Trusts. The fourth, a training agency had been the centre that had to withdraw.

5.6.1 Assessment Centre Profiles

Assessment Centre 1

This is a small assessment centre within a college of further education in the Midlands. It was formed in 1993 and is accredited through City & Guilds and only offers NVQs in Care. Initially it was run by a part-time college lecturer with a teaching commitment but no extra time was given to her for this purpose. In 1996 the college appointed a full-time member of staff to organise the care NVQ. The salary for this post was paid by the college at instructor rate.

It has 15 candidates in workplaces, most of which are private residential units. Its original membership was larger but the local nursing homes banded together and formed their own assessment centre having received a large amount of TEC funding. This allowed them to undercut the costs of the original centre which is now concerned about its ability to expand because of the growing number of centres opening locally. The centre was developed as a consortium of members. As the numbers increased, an executive of four members was formed for decision processing with the centre co-ordinator.

Apart from the salary paid by the college, the centre charges a nominal membership and registration fee but the original intentions of the coordinator's salary being raised by revenue from the centre is unlikely to be achieved because of the relatively small scale of the consortium and its activities. The centre is committed to a youth training programme in care because of its college connections.

There are only two internal verifiers in the centre - the centre co-ordinator and one other member of the executive committee. Shortly before this study was completed, the new coordinator's temporary contract terminated and she chose not to continue in post. The job was advertised as a half -time post on instructor salary and was taken by the other internal verifier who is trying to run a residential home at the same time. Candidates are ***not*** offered induction training.

Workplaces A and B are part of this centre.

Assessment Centre 2

This centre was formed in 1991 as a consortium of members involving the local authority, health service and social services. Eventually, the NHS split to form their own centre. The centre had staff who were dedicated to full-time administration of the centre and were not involved with internal verification. This was done by a team of peripatetic internal verifiers who were experienced assessors and formed the quality control group for the centre. The centre was accredited with City & Guilds, CCETSW and CACHE and offered NVQs in Care, Childcare, Play work and had recently received accreditation for Youth and Community Work.

The centre had 140 candidates who were offered induction. The management of the centre was performed by a number of boards with differing

responsibilities. The centre had to finance the salaries of its employees and at the final stage of the research had not acquired any financial assistance from TECs, European funding or FEFC. Consequently it was concerned about its long-term viability. To further complicate the financial situation, the local authority was involved in reorganisation into a unitary authority. As a result of this, the promised grant which would have assisted with salary cover was withdrawn leaving the centre in financial crisis at the time of completion of the field work. The centre closed in March 1998.

Workplaces C, D, E and F were members of this centre.

Assessment centre 3

This centre is within a College of Nursing and Midwifery which is part of a University and is mainly responsible for NVQs within a number of NHS Trusts. It has been an assessment centre since 1988/89 and is accredited with City and Guilds to offer Level 2, 3, and 4 Care and TDLB awards. It was part of the pilot group offering the first care awards. There are about 200 candidates registered with the centre from NHS Trusts and small residential homes in the private and voluntary sector. The person in charge also has other teaching commitments and is involved with internal verification of some of the members. There is a small team of staff with some NVQ involvement along with their teaching commitments. Candidates are offered 20 days induction and UPK training on a day release basis over a number of months. The university is not convinced about supporting NVQs in the long-term.

Workplace G is part of the centre.

In total seven workplaces were recruited. They demonstrated certain different features for example, assessors who were also managers/home owners; assessors with no educational background; assessors with NVQ experience; assessors who were supernumerary to the workforce; small and very small homes; and private and voluntary sector homes.

5.6.2 Pen pictures of residential homes in the study

(Assessment centre 1)

Workplace A

This is a private residential home situated on the outskirts of a Midland's town. It offers residential care to sixteen elderly clients. The owner is a registered general nurse. She is not resident in the home. All staff apart from the home owner/manager wear uniform and staff use first names. The owner acts as the only assessor in the workplace. She is not confident about the assessment process but is keen to develop staff in order to improve care in the home. She

offered NVQs to her most experienced carers first but progress has been slow over the last four years. The owner is keen to employ youth trainees in her home but this has tended to result in frequent staff turnover. She feels the assessment centre has not been supportive in giving correct information or developing paper systems. She is part of the executive committee in the assessment centre. Three candidates (AC1, AC2, AC3) were part of the study.

Workplace B

This is another small residential home in a small village on the border of two counties. The home has been run by the assessor and her husband for the last fourteen years. The assessor had previously worked in a profession allied to medicine and had become involved in part-time lecturing at the local college where the assessment centre is positioned. They have suffered from reduced client placements over the last year which has left them financially challenged. In January 1997 the number of residents fell to 7 from a potential 16. This resulted in the owners halving the hours for care staff with consequential loss of some staff to other workplaces because they could not afford the cut in salary. The remaining staff became demotivated because they had to work a shift on their own with the owner's back up if they require help with moving clients. The owners are now living within the home to facilitate this. Staff do not wear uniform but everyone - staff and clients are formally addressed. The assessor was a member of the executive committee in the assessment centre, acted as an internal verifier with the centre co-ordinator and now has taken on the role of centre co-ordinator. She is the only assessor and had four candidates at the start of the study. However, some left because of the reduced hours. Only two of the candidates (BC1, BC2) were part of the study and during the year BC1 trained as an assessor but was unable to practice because of the financial situation and inability to train further staff

(Assessment centre 2)

Workplace C

This is a charitable hospice offering terminal care to twenty-two patients. Financially, it is dependent on grants with local health authorities and fund-raising activities. The staffing involves registered nurses, nursing auxiliaries and volunteers. The atmosphere is very open and homely for everyone in the workplace. No staff wear uniform and staff use first names. Decision processes were considered to be democratic by the staff. However, during the study period, financial problems resulted in some staff redundancies without general discussion which resulted in stress and concern for the remaining staff. The workplace had experienced NVQs with one assessor and candidate before the study but this had been a lengthy process because the candidate had been over assessed. Two young registered nurses had recently trained as assessors and were involved in the study (CA1, CA2). However, one of these was made redundant (CA2) and her candidate (CC2) also left during the study period. There are two remaining candidates though only one was in the study (CC1). The manager is very keen to invest in training staff but is not convinced about the credibility of NVQs.

Workplace D

This is a modern residential home for eighteen young adults with learning disabilities and disruptive behaviour who remain at the home during the day. It is part of the voluntary sector and has a small sister home for four residents in the next village. The home is in a rural setting and has a small farm area which staff and residents manage. The home is dependent on local staffing because of its isolated situation. The manager, who has an educational background, is the assessor and recently arranged for her candidate to also undergo assessor training because she was finding it very difficult to assess because of other commitments. There are three candidates in the workplace though only two were in the study (DC1, DC2). Most staff live in the village so tend to invest a lot more time at the home than their working hours require. They have used NVQ standards to develop policies within the home.

Workplace E

This is a large, country house that has been converted into a residential home for 34 residents. It is part of a larger organisation within the voluntary sector which has a number of residential homes. The atmosphere is very formal with staff using formal address to managers and residents. All staff apart from managers wear uniform. The manager is answerable for the running of the home to a local management committee who are responsible for policy decisions which causes some friction. The management style appears to be very authoritarian and controlling. The home has one assessor who is a deputy manager. The manager did not feel she could assess and manage as well. NVQs caused some hostility on introduction and assessor and candidates felt they had to overcome this atmosphere to proceed effectively. One candidate (EC1) was involved in the study.

Workplace F

This is a private residential home which has recently been converted to offer care for 20 residents. It is positioned in a country setting. There is a sister home a few miles away which allows for easy exchange of staff for training purposes but usually staff remain in their designated homes. The owner is often supernumerary to staff and has a training background. She has developed an NVQ culture in both the homes by organising policies and procedures around the occupational standards and hopes to train all her staff to NVQ level 2 or 3. She is willing to offer a progression pathway for staff and invests in other staff development in order to motivate staff to stay in the workplace. She is very enthusiastic about using NVQs to improve care practice and encourages criticism from the staff. She has trained the manager in the home to be an assessor to assist with staff development. Three candidates were in the study (FC1, FC2, FC3).

(Assessment centre 3)
Workplace G

This is a residential hostel for fifteen people with a learning disability or mental health problem to encourage supported living in the community. It is positioned within a large county town and is part of an national voluntary organisation offering similar services. The assessor had been the manager of

the home before being promoted onto area management. There are two candidates in the home (GC1, GC2), one of whom had not progressed at all. The manager had instigated NVQs locally in the hostel because she personally felt they were good for practice. However, by the end of the study the parent organisation had decided against adopting NVQs for all staff.

The candidates varied in age, length of time in care and previous educational background. In total eight assessors and fourteen candidates (1 recruited candidate never started the study because of long-term illness and eventual resignation) in seven workplaces were visited regularly.

Age (years)	Candidates	Assessors
16-21	1	-
22-25	-	1
26-30	1	1
31-35	2	-
36-45	4	4
46-55	5	2
>55	1	-
TOTAL	**14**	**8**

Table 5.1: Age distribution of participants

Number of years working in care (years)	Number of candidates (n=14)
< 2	4
2-5	3
6-9	2
10-15	3
20-25	2

Table 5.2: Candidates' time working in care

Previous qualifications of candidates	Number of candidates (n=14)
None	5
CSE, O-level, GCSE	7
A levels	1
TEFL certificate	1

Table 5.3: Previous qualifications of candidates

5.7 Analysis

To be effective the case study approach requires some theoretical development as the study develops. Analysis of the transcripts followed a template approach (King, 1994) starting with initial categories. Modification as the study developed was important (Miles and Huberman, 1984; Dey, 1993). As the data was qualitative, analytic induction was used to make sense of the information obtained during the study (Brannen, 1992). A grounded theory approach was considered (Glaser and Strauss, 1967; Strauss and Corbin, 1990). However, this method has been criticised because theoretical reflection is left until late in the research process (Bulmer, 1979); the developed theories using the technique are very complex (Brannen, 1992); and personally, I felt that the constant comparative methodology would lead to fragmentation because of the spiralling analysis and search for theory.

Eventually an approach influenced by grounded theory was developed to produce a 'theme-analysis framework'. This allowed transcription scripts to be analysed from a number of perspectives - candidates', assessors' and managers' views for each of the research areas - progress, progression, standardisation and finance. Analysis took place on a computer by using a series of folders and files for storage and cross-referencing.

Each interview was transcribed and then analysed for the four main categories featured throughout the study. Following this, sections of the text were copied into specific files within the main category folders related to the job role of the participant, for example, manager, assessor and candidate. Text that was relevant to more than one category was copied into all relevant files.

All personnel were coded so that job role and workplace could be identified. At the end of each round of interviews, all the comments relating to a specific category were analysed for themes and sub-themes, coded in more detail and mapped onto the theme analysis framework (Appendix B) based on research category, work role and workplace. As new themes were identified, these were added to the framework and logged under the specific visit when the comments were made. This proved effective as trends, patterns and changes relating to job title and workplace could be easily identified over the period of the research because all four interview periods were featured on the same framework sheet.

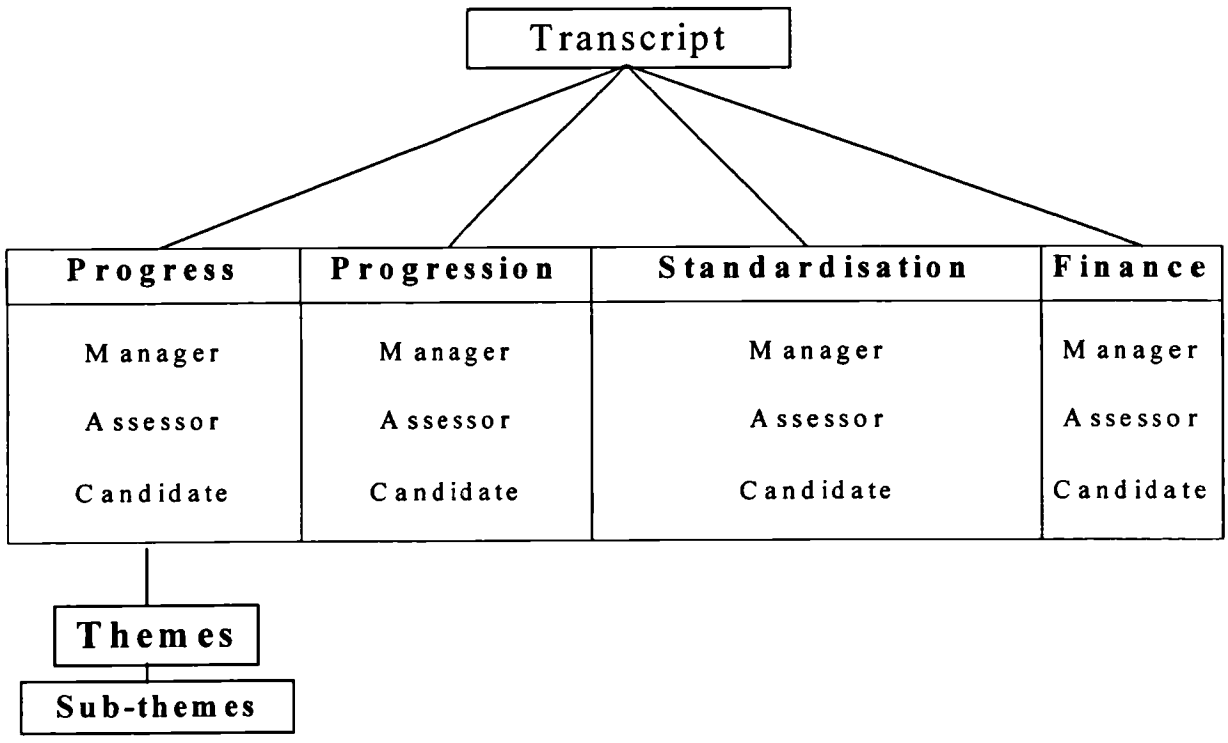


Figure 5.1 - Analysis process

The use of specific qualitative analysis software was explored but the file system seemed to be the most useful for the depth and quantity of analysis I intended to perform.

Data analysis was a continual aspect of the research study. Observations in workplaces, non-verbal messages, field notes, all added to the interview material and the interpretive nature of the work. As Song (1998) describes, the process involved active listening, interpreting, deciding which areas to follow up, continually trying to make sense out of the data and modifying the approach accordingly before the next interview. By the nature of this approach, I needed to ensure that I reflected on my interpretations in order to reduce bias and to represent the participants fairly. Song (1998) reports that at the analysis stage the participants lose their individuality as themes are developed from combining ideas and conversations and at this point the researcher takes over control by the nature of performing analysis in an attempt to find connections, concepts and categories (Dey, 1993). This seemed a sobering thought and very relevant to my study. By researching a group who were considered powerless, my analysis, associated publication and sharing of my findings in the public arena would result in me providing advocacy for the care workers (Stake, 1995) and therefore increased my responsibility to be accurate and represent fairly.

Qualitative interviewers using the same interview schedule might have obtained different results from their interaction with the same participants because of their particular relationships and sensitivities to certain areas. King (1994) argues that this is not detrimental to the reliability of the study because subjectivity of the relationship is inevitable. However, researcher bias needed to be considered in the interpretation of the data. My previous background in supporting candidates through the NVQ process with

particular respect to owners not investing appropriately needed to be acknowledged in order to prevent biasing the analysis.

I was aware that my attitudes and beliefs were affected by the findings over the year. At the start of the year, I was optimistic about the use of NVQs in residential homes and had to be careful about biasing any associated lack of progress with the personnel involved rather than considering the design of the assessment process as a potential source of problems. However, as the year progressed it was evident that issues were consistently arising in all workplaces that related more to the logistics of implementing effectively because of structural issues rather than motivation and understanding. I had to be aware of this and become more analytical in my observations and judgements to ensure that I monitored the data and checked the reliability and the motivation of the participants in their disclosures in order to identify any bias (Dey, 1993, p. 224). The data was continually reviewed in light of further disclosure and observations and future interview schedules modified as appropriate.

5.8 Summary

The care sector made a particularly interesting multi-site case study. As well as demonstrating many of the general characteristics of very small businesses, the small residential care homes had added complications involving part-time, shift work patterns and a lack of a traditional training route prior to the adoption of NVQs. The need for flexibility by the researcher was crucial in order to maintain access and data collection within this irregular working regime without being too disruptive to the working environment. This had consequences for the travel time and costs involved in the chosen methodology as I had to repeat visits in order to access different personnel.

However, my decision to use mainly qualitative methods provided a richness of data that would not have been available using only a quantitative approach.

Research frequently involves choices and compromises in relation to costs, feasibility, access, ethics and confidentiality. This was evident in the study. As a single researcher with limited resources, quantitative surveys were used during the pilot study period to provide data that could be used to validate the findings of the qualitative work. To improve access, I researched in an occupational area with which I was familiar. Being able to share the culture because of past work experience, credibility with the awarding bodies and maturity improved my credibility as a researcher and assisted the study to stay on schedule. Deciding on the number of workplaces and participants involved in the study depended on the practicalities of the travelling distance, transcription and analysis time of the eventual interviews, and ease of access. A balance had to be struck between 'enough' workplaces and personnel to demonstrate patterns that would hopefully be generalisable and 'not too many' which would have made the study unmanageable. Triangulation of methods as well as personnel was performed and participants were encouraged to review the interview material throughout the study to improve validity. Formal agreements and the protocol for the study were given to all participants to ensure their understanding and awareness of their rights in the process.

The data was analysed using a theme-analysis framework to explore the four main categories of the research - progress, progression, standardisation and finance. The next chapter will discuss the findings from the study.

Chapter 6 The Findings

In this chapter, we turn to the study findings by reviewing the observational evidence and qualitative interview data obtained from managers, assessors and candidates during the series of visits to the workplaces which took place over a year. The quantitative data from the survey will be discussed when it complements the qualitative work. The purpose of the research was to explore how the working arrangements in small organisations affected NVQ implementation by exploring issues around progress rates, progression, standardisation and finance and to explore the feelings and experiences of those involved in the NVQ. However, as the study developed it became apparent that the emotional feelings triggered by the NVQ experience were a strong feature of the data and were not specific to any one aspect of the main research interests. Therefore, these emotions will be discussed early in the chapter because their presence had implications for the success of the NVQ process and underpinned the findings of the main areas.

While most of the discussion is based on the theme analysis framework, samples of which are included in Appendix B, it is important to be aware of the cross-theme relationships which existed in the NVQ experience. Strengths or deficiencies in one of the research areas often had consequences for or were the result of an issue in another. For example, non-standardised assessment could be an outcome of financial constraints in the workplace. The final part of the chapter will review the various models that were identified from the data and the impact they had on NVQ progress. While the study was limited to a small number of care workplaces, the experiences detailed in this chapter may be indicative of issues within other small care organisations and could be applicable to similar sized workplaces in other sectors.

6.1 On being a 'pioneer' - the emotions of trying something new

During the research, it became clear that the attitudes and feelings of the participants were affected by and were, in part, the consequence of the managers' reasons for adopting NVQs. Emotions varied at all levels of NVQ involvement as managers, assessors and candidates tried to come to terms with the introduction of a new training/assessment tool within an environment that traditionally lacked formal training pathways. This had implications for the acceptability, value and progress made in trying to achieve the new qualification. This section explores the emotional content of their experiences.

6.1.1 Why introduce NVQs?

The motivation behind adopting NVQs varied among the managers. All of the managers in the study stated consistently that the NVQ was a management tool and had been introduced mainly to improve workplace quality as well as to motivate and develop staff personally. However, the managers' decision to implement NVQs in the workplace had been made two to four years before my research study at a time when NVQs were very new to the sector and little accurate information relating to effective implementation was available. None had a clear picture of what was involved at that time and had taken the decision based on certain assumptions and incomplete information from assessment centres and awarding bodies which were keen to market the NVQ.

> *'Nobody really knew what they were supposed to be doing!'*
> (Owner/manager, workplace A, private home)

All were aware of the need to market their workplaces because of the competition in the care market place and the inspection process and felt NVQs were a useful marketing tool.

'Purchasers are beginning to look at standardised training'
(Manager, workplace G, voluntary sector)

'They (the local authority) *know we're in the process of working towards the NVQ. The registration officer is happy about that'*
(Owner/manager, workplace A, private home).

However, none of the managers commented on the recommendation to train staff mentioned in the *Wagner report* (1988) and the *'Raising Voices'* report (Youll and McCourt-Perring, 1993) discussed in Chapter 4 as a reason for adopting NVQs.

While the majority of workplace managers were keen on the introduction of NVQs, some were unaware of the process and time needed to implement the NVQ successfully. Two of the study workplace managers were not involved in assessment themselves but had allocated the assessment role to other personnel. Apart from agreeing to provide some time when the workplace was quiet, they had not been involved in the NVQ system prior to the adoption decision. The remaining managers tended to work alongside their workforce as required because the workplaces and number of staff were small.

Managers who were less committed to NVQs reported that they were cynical about the value of NVQs (2 managers), lacked the support of their main organisation (1 manager) or were more concerned about being perceived as offering a training pathway to staff for inspection purposes rather than developing practice in the workplace (2 managers). These last two managers felt that NVQs would be imposed on them by the statutory services as a quality indicator so felt obliged to adopt NVQs without the real motivation to see them succeed.

> *'We were all getting a bit concerned that it was going to be forced upon us. We knew that Birmingham was after 60% etc.[23] so it looked as if it was going to be a necessity. I didn't realised how involved it was going to be. If I'd realised I wouldn't have touched it with a barge pole ...'*
>
> (Owner/manager, Workplace B, Private sector)

In these workplaces, where the managers lacked commitment, the NVQ was reported to have had little impact on the workplace three or four years after registering candidates for care NVQs. However, NVQ progress was not being encouraged on a regular basis and only one candidate out of five had read the occupational standards. The candidates in the same workplaces reported that the NVQ had made little impact on their working practices although some reported that they had become more reflective about their own practice.

The remaining two workplaces in the study had adopted NVQs with much more constructive objectives in mind with respect to affecting policies and procedural activities at a structural level within the workplace. As a result, the managers reported beneficial effects from the implementation. The most effective one, workplace F, had geared all workplace activities around the NVQ. Since she had commissioned two new residential homes following the introduction of NVQs to the care sector, she had taken the opportunity to design the policies, induction programmes and in-house training around the NVQ standards. Underpinning knowledge questions had been provided as a resource for the assessors - a time consuming activity at the development stage but effective as more staff were registered. The manager had written open learning packages relating to the underpinning knowledge requirements for individual units so the candidates could access material in order to maintain some continuity at times when NVQ assessment was delayed. Regular training sessions were offered by herself and

[23] Birmingham local authority has started a scheme whereby residential homes can receive extra money for a client if the home has trained a specified percentage of its staff to level 2 within a specified period of time. (Harman, 1995)

guest speakers as time allowed. The owner reported that she enjoyed developing the staff as well as using the NVQ standards as a quality tool.

> *'...It's not just about questioning practice in the home, it's about personal growth also, definitely. It gives them the ability not just to look at their skills but also decision making and evaluative skills which then transfers to other aspects of their work.'* (Owner/manager, Workplace F, Private sector)

New staff in her homes were practising to NVQ standards although they were not aware of it. Staff held the NVQ in high esteem and were reported to request the chance to do NVQs. She hoped to have all staff trained or in training as soon as possible.

> *'It's quite threatening to management because you are giving the tools to the carers to question your resources or your practice. I'm finding it now - someone will say 'well, you shouldn't have done that'. That's good because I'm open and responsive to it but that can be quite threatening particularly for people who don't understand what care is all about.'*
>
> (Owner/manager, Workplace F, Private sector).

The second workplace, workplace D, registered two candidates for the NVQ but had not progressed at all with assessment. However the assessor, who was also the workplace manager, and one of the candidates who was in charge of the care assistants had used the standards to develop procedures that did not exist before the adoption of NVQs. While their individual progress had not been successful, the workplace had seen the benefit of implementing the standards because they had affected the working practices of all staff whether NVQ candidates or not and the NVQ was viewed positively because of this.

> *'I understand that this* (NVQ) *is very good for us ...* (she) *has worked very hard towards it. The first ones she produced were policies on bathing etc. When I first came here the bathroom ...*(discussion around hygiene and privacy) *... Now we treat each other's space with a little respect ... and we try and give more time so in that way it has improved standards here. We're all working towards it.'*
>
> (DC2, Voluntary sector).

As well as the workplaces finding the NVQ valuable for improving quality of care, successful implementation encouraged staff and managers to value the end result. In

workplace F, the level 3 candidates had been promoted on completion of their NVQ. In fact, the new home manager/assessor was a level 3 candidate from the sister home. The owner acknowledged that the NVQ route was expensive but she felt that she could keep good staff if she invested in them. Other staff in the home had continued studying part-time following completion of their NVQ and had been assisted to do so financially by the owner. She also recognised NVQ progress with financial incentives. Candidates received bonuses half way through the NVQ and then on completion. She felt that the more staff that were qualified, the easier it would become for the newer candidates to have access to witness testimony from experienced NVQ users and therefore facilitate faster completion times. Her investment seemed to improve her marketability as she reported being less dependent on social service placements and she managed to keep her homes full.

6.1.2 The 'Them and Us' Syndrome

Most workplaces only had one or two NVQ candidates active at a given time and all the managers offered to register their first candidates based on the length of service and/or interest in the NVQ. In five of the workplaces, most of the candidates were mature, experienced workers who had worked in the homes for a number of years. While some appreciated the chance to access training, others felt that the NVQ was questioning their practice and felt offended.

> *'I've been working in care for 25 years at least ... my experience and responsibility count.'* (AC1, private home)

While most assessors and candidates reported that their colleagues were generally supportive of their NVQ activity, some workplace conflict was reported by a minority of interviewees. In one workplace in particular, overt strategies were carried out to make the candidate and assessor feel guilty about the time taken for NVQ work.

The assessor reported the following:

> *'There's some jealousy from the old timers who have worked here for 20 years. Some value base conflict at times. The candidate is aware of this. She came in on her own time to strip beds to reduce the workload on the remaining carers who would 'object'.... The candidate feels that it's not wanted for her to achieve the NVQ.'* (Assessor, workplace E, voluntary sector).

The candidate reported:

> *'The older workers don't want NVQ and feel put out. I'm left to answer the bleeper when they know I'm doing NVQ work. I was on duty on Sunday so I did some of Monday's bed stripping early to prevent them complaining on Monday. I feel I'm stuck in the middle.'* (EC1, voluntary sector).

Workplace managers reported some opposing group identities when they initiated NVQs in the homes.

> *'Initially there was an anti-NVQ feeling from the group not doing it. Now that's settled down. At first there were two camps of staff.'*
> (Owner/manager, Workplace B, private home)

Discrepancies between everyday practice and what was expected if working to NVQ standards caused friction between staff both because of extra workload for those undertaking the NVQ and peer group rivalry.

> *'We have a man here and some of the girls shaved him in the bath. We have got bowls and I said that I thought it would look nicer if we used them and shaved him before or after the bath - preferably before ... Then they* (the rest of the staff) *all started carrying on. 'We've done it like this for 18 years.' I said 'I'm sorry but I wasn't here to tell you what to do. I can encourage you to do it ... now the NVQ has asked me to do it this way, the standards, and I think it would be nicer if we could all work the same way.'*
>
> *All the while when we used to shave Mr.W. he used to come in to the treatment room or in his room. That went out of the window, why? We don't know! It was easier to start doing it in the bath for no reason. It just happened. I wasn't blaming them but it would be nice if we could get back to how it was. Especially for* (the candidates) *it would become routine and you'd just do it as a daily activity like making the bed, going to the toilet ...Big meeting!!* ***'If we give them choice and they don't want the bath on that day then it's more baths on another day.'*** *I thought just forget it!'* (bold my emphasis)
> (Assessor, Workplace E, voluntary sector)

By the end of the study, all the workplaces reported that these differences were being resolved and the older workers in workplace E were slowly becoming more tolerant of the NVQ candidates: (R-researcher, A - assessor)

R. *'Have you had any more aggro. from the staff since we last met?*

A. That's ongoing but I think they're on our side now. Things like putting on the 'Do not disturb' signs on bathroom doors. We had a meeting here the other day - I don't think it will ever change properly but we're on the way - the old ones I think they're actually helping (the candidates) now.

R. *Has anybody had a chat with them?*

A. We've has three staff meetings since then. I said 'Why don't the staff congratulate (the candidate) for getting 2 units. It's hard going, hard graft' and 'Thanks to the old staff for helping them'. It was a load of crap! Maybe that helped. Then we had another meeting and I thanked them again. We're not there yet but it's different.

R. *Are they changing their own practice?*

A. Oh yes. (discussion about 2 staff talking over residents which has stopped). They're coming back and asking if they can do this and that.'
(Assessor, workplace E, voluntary sector).

6.1.3 Great expectations

The introduction of NVQs to the workplaces, as with any change, was associated with some anxiety and initial enthusiasm as the candidates' expectations of achieving qualifications were raised. The eventual slow rate of progress, experienced by over seventy percent of the candidates in the study, led to a mixture of negative emotions for all involved. In reality, half of the candidates in the study who had been registered for their NVQs from one to four years had made little regular progress. Only six candidates in four workplaces were progressing and one candidate had just begun their NVQ course as part of a youth training programme.

Even among those who started enthusiastically, external factors were reported to impinge on NVQ assessment time, for example, the clients' needs and staffing issues.

To rationalise the disappointment, issues like time and management commitments were frequently reported as barriers to progress. For example:

> *'It's taken 4 years and no progress. It's both our faults. There's no time....'* (AC1, private residential home).

Some candidates became disillusioned to the point of resentment, despite initial keenness, and internalised the structural issues by describing lack of progress being the result of their own lack of interest.

> *'Some of it is down to me as I don't want to do it.'* (GC2, Voluntary sector).

> *'I don't see the point in doing level 2 or any NVQ. I've been doing the job for 20 years. I learned what I needed working beside someone else. I either know what I'm doing or I shouldn't be doing the job.'* (AC2, private, residential home)

6.1.4 Negotiating guilt

One of the main emotions reported regularly by all participants was a sense of guilt. For many assessors, this took the form of blaming themselves for the lack of progress of their candidates who remained very dependent on the assessor for any movement through the qualification. Their lack of satisfaction in the assessor role was evident in the way they reported the difficulties they found in supporting their candidates.

(a) finance/cost

For some, this took the form of discussing their concerns about the financial investment in assessor training by their employers. For example:

> *'The charity has invested* over £600 ... *on this* (assessor training*) and that's what I get thrown back in my face...I didn't feel pressured* (to be an assessor*) but you knew that if you didn't do it the auxiliaries down here wouldn't get a chance to do it* (the NVQ). *The charity has spent* (over £1500) *on us. We should make the most of it. The candidates know how much was spent on them as well. I wish I could win the lottery and give the money back* (CA2, charity)

> *'The cost of the course puts pressure on you.'* (CA1, charity)

In another establishment with a limited budget, the cost of NVQ had implications for other activities.

> *'We have very small budgets in the homes. If someone wants to do NVQ it's taking part of the budget'* (Assessor, workplace G, Voluntary sector).

(b) NVQ level appropriateness

Some assessors felt that their candidates were being patronised because the level of the NVQ was undermining the candidate's abilities. This was often the result of inappropriate guidance about the different NVQ levels from assessment centres at the time of registering candidates. Assessors in one workplace were embarrassed and uncomfortable assessing experienced candidates whom they felt were more suited to higher level NVQs.

> *'I don't feel that there is any gain for the candidate after a lot of work.'*
> (CA2, charity).

> *'*(She*) is an excellent candidate and I question whether she is gaining anything from the NVQ. It needs to be more challenging ...It's as though she's over qualified for level 2.'* (CA1, charity).

Unfortunately, for most of the candidates, management structures usually dictated the level of NVQ rather than the job role of the candidate. None of the candidates had been involved in the decision about the NVQ they were to undertake.

(c) distraction from working responsibilities

The other concern was that some assessors felt that the time taken up with the assessment process should be time spent performing their usual duties. This was discussed even when there were enough people around to cover the workplace.

> *'With the time, we can say we are going off and everyone's quite supportive. There's another two people. They'll say 'get on with it'. It was quiet one day and we spent nearly all the morning on it. Then again you spend so much time on it when you plan it and write it up. I sometimes think we shouldn't be doing it, we should be with patients...It's sad we're not enjoying it ... You feel guilty going off sometimes.'* (CA2, charity).

The candidate also felt some guilt that assessment time was taking her away from patient care or that she was not supporting her colleagues with the workload.

> *'You do feel that you should be doing other things. They would never say 'Oh, they're doing the NVQ' but in the end they're two men down while we're doing it.'* (CC1, charity)

This guilt was compounded by candidates who felt that their lack of progress was reflecting on their assessors. In the main, the candidates were loyal to their assessors apart from one workplace where the candidates wished their assessor would 'push' them more. They felt that she probably lacked confidence which was not unusual if progress was not regular.

> ***Candidate:*** *It's taken 4 years and no progress. It's both our faults. There's no time. I came in on my days off but there were distractions. I'm prepared to do it in my own time. She should be pushing us more.*
>
> **Researcher**: Why can't you do it while you're working?
>
> ***Candidate:*** (She) *expects us to work when we're here.*
>
> **Researcher**: Isn't your NVQ part of your work?
>
> ***Candidate***: (shrug and smile). (AC1, Private residential home)

Related to the issue of guilt was a sense of duty to the assessor or manager who had offered the qualification. This motivated the candidate to aim for NVQ completion.

> *'I'm only doing it for Mrs. S* ...(the owner).'
> (BC2, Private residential home).

6.1.5 Self esteem

The most disturbing observation from the study was the very negative effect that lack of progress and understanding of the NVQ system had on some of the candidates' self-esteem. Most (except for the youth trainee) were experienced, mature women, some having worked in care for twenty years or more. Their inability to grasp the system led to much self-doubt, anxiety, anger and frustration.

One centre did not offer NVQ induction to the candidates so they were even more dependent on the ability of their assessors to understand the system sufficiently well in order to guide them through the NVQ organisation. Two of the centres did offer

induction training for the candidates but this did not seem to help a great deal. Two out of the four candidates experiencing the negative emotions were well qualified through more traditional educational systems and had attended induction programmes which added to their frustration (one was a teacher and one had 8 GCSEs and worked for 3 A levels before leaving school).

Comments like:

> ' *...it's so difficult to understand...I don't think I've cracked it. Because I resent it, I get this out* (the standards) *and go through it and* (the assessor) *says 'you're looking in the wrong section'. I'm sure it's because I haven't got the enthusiasm. If I felt I was aspiring to it and I was pushing myself to get something that was a bit beyond me then I think I would be spurred into enjoying it.*'
>
> (CC1, charity (previously undertaking 3 A-levels at school)).

> '*I found the NVQ organisation extremely confusing and unclear. At times I felt I hadn't latched onto it. That made me unhappy with it and made me push it away.... Two years later I'm thinking 'At your age you can't get your head engaged and complete a thing like that!' I feel quite bitter about it. I'm angry at the irrelevance of some of it and the fact that I can't get my head around it. I went into NVQ to learn the nuts and bolts. I haven't. I'm putting myself in a double bind - I'm thick so I can't crack the system and I don't respect the system so I don't want to crack it.*'
>
> (GC2, Voluntary sector - ex-teacher).

For these candidates, the initial enthusiasm and expected empowerment of undertaking the NVQ has become an almost destructive tool in their assessment of their own abilities and those of their assessors and workplaces.

A consistent pattern of self -reproach/bereavement/detachment was observed in the conversations of the candidates experiencing such disappointment. Initial *high expectations* were accompanied by *enthusiasm and motivation.* Lack of consistent progress and satisfaction resulted in the candidates becoming *disillusioned. Rationalisation* for failing in a system that is supposed to confirm their competence led to *blame* both for themselves and their assessors, managers, assessment centres,

awarding bodies and/or standards. Continuing lack of progress led to *guilt, self-doubt, anger* and *despair*. Finally the candidates *detached* from the process and blamed the NVQ system.

6.1.6 Personal conflicts

Discrepancies between the candidates' perceptions of the NVQ as a personal development tool and the organisation's expectation of using the NVQ as a quality tool were observed in some workplaces. This was also evident during assessor/candidate induction within one centre. The candidates' expectations of the appropriate work-related NVQ level and endorsement was higher than that imposed by their organisations. The assessment process then became artificial in the eyes of the candidates who were annoyed even before they started the NVQ because they perceived it as inappropriate.

6.1.7 Section review

This section has explored the motivation and emotional consequences for participants in the NVQ process either as managers, assessors or candidates. The attitude of the managers had consequences for the experiences of the assessors and/or candidates and the organisation of the workplace with respect to NVQs . This affected the value placed on the NVQ process both personally and as a quality tool for the workplace. At the beginning of the NVQ process, when both candidate and assessor were anxious, conflicts were detrimental to motivation if the qualification was seen as inappropriate. The candidate could feel patronised and the promised investment in training with associated expectations became destructive to the working relationship. Progress was delayed if both parties did not understand the decision process behind the NVQ selection criteria. These issues will be discussed further in the following sections which explore the main research areas in more detail.

6.2 Progress - a 'grab it when you can' approach

The progress of candidates was affected by a number of factors both structural and personal. The main areas examined related to the role of the assessment centre in providing NVQ induction training, the manager's commitment to supporting the NVQ through the allocation of time and motivational support and the candidates' reasons for undertaking the NVQ.

6.2.1 Training and induction

Two of the centres (centres 2 and 3) provided NVQ candidate induction days but only centre 3 provided mandatory underpinning knowledge training days for the candidates as part of the registration process. This took the form of a study day every few weeks for a number of months. However, the candidates who had experienced this felt that it had been geared for the majority users of the centre who were NHS employees doing 'direct care' NVQs. They felt their own 'special needs' area was not covered adequately. Moreover, despite attending the days, they reported that the programme was not designed to allow any of the work to be used for underpinning knowledge evidence which they felt was a waste of time and resources.

None of the other centres had a role in providing underpinning knowledge which therefore mainly fell to the assessors. Some of the workplaces had 'in-house' training within the organisation but was rarely NVQ-related. Only workplace F designed training and open learning packs around NVQ requirements.

One centre (centre 1) did not offer candidate induction and this was reflected in the candidates' poor level of understanding and their unwillingness to explore the standards. This centre's candidates reported being very frustrated and detached from the process. They had been registered for four years and had made little progress.

'I don't know what units I've completed or not. I just don't understand it' (AC1, private home).

'I haven't a clue about any of it ... the folder... it's a blooming nightmare, isn't it?... it's an insult to my education quite frankly.' (BC2, private home).

None of them understood how to be assessed effectively and only one had been introduced to the standards. The process was driven completely by the assessors in a haphazard way because the candidates felt they lacked the necessary understanding of the system.

'The set up in the assessment centre was confusing ... we were not encouraged to use witnesses or explanations of process. It's difficult to know the depth of the questions ... I hoped to get guidance but nothing came. We were told to initially leave the 'O' unit till later. Mistake!'
(Owner/manager, workplace A, private home)

'The assessors are not getting together to standardise ... there was no guidance on paper systems ... we were given incorrect information. I'm very cross about it' (Owner/manager, workplace B, private home).

6.2.2 Structural issues - finding time for assessment

Despite the willingness of some workplace managers to provide assessment time during the working day, this proved to be problematic for ***all*** the workplaces. Most workplace personnel reported that assessment was very much on a 'grab it when you can' basis even when assessment time was allocated. Structural issues limited flexibility and the facility to assess regularly because the workforce was small. Often, there were only two or three staff on duty at any one time which resulted in a degree of vulnerability for assessment plans. For example, one workplace had a specified assessment day which sounded, theoretically, useful for both the assessor and candidate. However, in practice, the assessor had to cover for the manager's absence on frequent occasions which reduced the time available for assessment. Furthermore, when assessment did take place the candidate felt the time allocated was too long for one session and she would

have preferred to have two shorter sessions a week. Unfortunately this was not possible because of the shift rota.

Despite the fact that some workplaces tried to provide assessor time for assessment, this did not extend to the administration of the NVQ which was reported to be excessive. All assessors reported that they had to carry out much of the administration of the NVQ, for example writing up evidence sheets and cross-referencing, in their own time because there was little time at work to carry out anything but direct assessment.

> *'Feedback happens over lunch as we've no time otherwise. I don't think we've ever had the hour a week that they promised. We've had our lunch break but we've never had an hour in work time so to speak.'*
>
> (CA2, Charity)

Assessors reported that administration time requirements were made worse by the design of the standards which they felt resulted in a need for space in order to spread out the paper work. This further limited the opportunities for carrying out the task at work.

> *'You're reluctant to take it home. You've got to carry four bloody folders! Load it into the car, unload it! It's useful to have the lot there so you can cross-reference to the 'O' unit as well as the others. You need to spread out'*
>
> (CA2, Charity)

Some assessors came in to assess at times when they were not on duty in order to fit in with the candidate. However, very few received time back or payment for the extra time.

> **Assessor 1.** *'We were told we wouldn't have to do any work outside work time and it's candidate led. 'Your candidate does it all and you're only there to assess.''*
>
> **Assessor 2.** *It's such a lie.'* (CA1,CA2, charity)

> *'I come in on their shifts to assess if they need me. I don't put it down for time back because it would cause aggro. And I don't want that. Been doing that from the beginning! Monday is an NVQ day and I get paid for that but that doesn't allow me to do what I need to do so I come in to suit them* (the candidates)' (Assessor, workplace E, voluntary sector)

Another structural issue involved the working patterns of the assessors. All but one of the assessors in the study were full-time workers. The part-time assessor also had to rotate on to night duty. She felt that access to the candidate was limited by the nature of her normal work pattern and that this was further complicated by her 'disappearance' onto night shifts for a period each month. By the nature of being part-time, she felt she should be with the clients when she was on duty rather than assessing and felt strongly that assessors should be full-time members of staff.

'I don't feel that it's appropriate for a part-time worker to be an assessor to be quite honest ...when you're here you feel that you want to put everything into your work ***and you're very much taken away from your work with NVQ****. I don't feel it's quite right really. When you are doing an assessment you could be with a family.'*
(bold my emphasis) (CA1, charity).

This view was held despite the workplace management team being very supportive of her assessor role and accepting her need to leave the normal routine sometimes in order to do NVQ work. Both candidate and assessor felt that they should be 'on the floor' and felt guilty that the rest of the staff were 'two people down' if they were doing NVQ work.

Only one candidate had a specified time allocation for NVQ work each week. For the rest it was a similar 'grab it when you can' approach to the assessor's model. Time was dependent on the working commitment in the home and quiet times were unpredictable. However, unless the assessor had provided adequate action plans, the candidates were unable to direct their own work without some input even if the time was available.

All the workplaces, whether (a) supportive of NVQ work by giving permission, formally or informally, for NVQ activity to be undertaken in work time or (b) undertaking NVQ with no specific assessment time plan, experienced periods of time when the needs of the workplace had to take priority. These mainly involved staffing issues arising from

illness, annual leave and periods of disruption because of staff turnover or staff reduction arising from financial crises within the workplaces. Staff shortages were particularly common at Christmas and Easter and there was no assessment during these periods. At other times when client's needs dictated, training and NVQ assessment were postponed. If a client was ill or a staff member absent then assessment arrangements had to be postponed.

> ' (The candidate's) *doing full-time at moment because a lot of people are off sick. With that she knows that the NVQ's not working. She took a load of work home last week but she hasn't had time.'*
>
> (Assessor, workplace E, voluntary sector).

These gaps in assessment proved disastrous for many of the smaller workplaces where the assessor was also the manager/owner. Almost invariably, they attached lower priority to assessment than to other jobs. They reported that the longer the gap in assessment, the more difficult it was to resume regular NVQ assessment because the complexity of finding a way round the NVQ system limited their interest in starting again. Most assessors reported that they lost their confidence to some extent during these periods. If the candidate lacked motivation at the start of the NVQ, these gaps confirmed their feelings that the NVQ could not be very valuable or the assessor would not forget about it for so long. Psychologically, this affected their self esteem as discussed in section 6.1.5 and they detached from the NVQ as the gap in progress lengthened.

Interruptions were standard practice during my visits to the workplaces and were reported to happen frequently during NVQ activities. Most interviews with assessors or candidates took place in free bedrooms, duty rooms, lounges, staff rooms and **no** interview was completed without at least one or two interruptions. These were usually phone calls or staff asking for confirmation of what to do next. My visits were pre-

arranged for times which suited the workplace, usually in-between meal times or after shifts had finished (similar to planned NVQ meetings). Despite this, there was a continual stream of other activities which interrupted the assessors. By the nature of care and the size of these particular workplaces, events are happening all the time and it was easy to see why assessment and therefore progress was slow.

Only workplace F had a designated training and resource room which could be used by the assessors and candidates. For the rest, assessment and feedback took place in a quiet available area. However, one assessor found it impossible to find an area where she would not be interrupted. She had to move continually about the home as various rooms were needed. I experienced this when interviewing in the home. During one interview we were interrupted three times by residents, twice by work personnel and had to move rooms twice as various activities took place. The interview was then terminated by the manager who had decided that she needed the assessor to help with lunches although, before the interview, she had agreed that this would not be the case. Apparently this mirrored a routine NVQ assessment morning!

> *'There's still no room where we can stay. It's not their* (the residents) *fault but it's the only room where they can do 'keep-fit'. It drives you mad ... I come in at ten, you sit down for half an hour and then you've got to get up and give out the coffees. Then you sit down and they come in for 'keep fit' so out we go again and there's nowhere else we can go.'*
>
> (Assessor, Workplace E, Voluntary sector).

6.2.3 Completion time

At the beginning of the study, all the assessors and candidates were asked independently to predict the length of time it was going to take to complete the candidate's NVQ. Most assessors and candidates agreed with each other's expectations. However, as the year progressed and I repeated the question, all but one workplace had become unable to

predict completion principally because of the inability to find time for assessment on a consistent basis.

The manager in workplace F, where most investment in NVQ implementation had occurred, had hoped to complete the level 2 NVQ for the three candidates within six to twelve months by setting regular targets. However, only one candidate completed within this time period and this was because she was moving abroad and extra effort was put in to allow her to complete on time. The other candidates had completed half of the qualification in the time. This was despite a determined effort to progress by an assessor who was very confident and competent about her assessor role and also, to some extent, supernumerary so felt she had more time flexibility than many assessors. Holidays, family issues, staffing and clients needs still interfered with the plans for assessment.

All assessors and candidates complained about the length of time that the NVQ was taking. This was the main factor reported when asked what would have made the NVQ more satisfying.

> '*I can't do with these things that go on and on ...That's made it a bore. I might have got a bit more out of it if I could have got my teeth into it, do this, this and this, this week, that, that and that next week .... After all, NVQ level 2, I've been doing that for 10 and a half years (*the equivalent practical work). *I don't know why I'm doing it honestly.*
>
> *I didn't think it would go on so long obviously. I've done quite a few courses in my life and I've never had one that went on so long. I mean, my daughter has been to university and back!'*
>
> (BC2, private sector, in her fourth year of NVQ work).

6.2.4 'Is the NVQ for me or the workplace?'

Workplace managers agreed that the NVQ system provided a means by which they could improve the quality of care provision thus making their organisations more

attractive to external agencies and prospective clients. This use of NVQs as a management tool was reflected in the fact that all the candidates in the study had had their NVQ level and endorsement chosen for them by the managers of the workplace. This was usually without any discussion with the candidates and in at least four workplaces was perceived by the candidates to be the wrong level because the manager had received incorrect information from the assessment centres. The lack of ownership or personal investment was reported by candidates to reduce the value placed on the award and therefore their motivation to progress by investing their own time in the process.

Within this group most candidates felt that the NVQ was not making any impression on their practice or the workplace because they felt the workplace standards were high anyway. However, half of these candidates tended to be in the group that had not read the standards so they had no frame of reference with which to compare their practice. They were not familiar with the NVQ value base unit (the 'O' unit) which was the main area reported positively by other candidates who reported that it had improved their ability to be critical of their practice.

Many of the candidates felt that the NVQ should be offered to all staff in a workplace rather than one or two in order to have maximum impact and enjoyment of the NVQ process. Some felt that younger members of staff were more suited to the NVQ than experienced workers because the standards would provide a useful induction tool. Most candidates reported that normal induction training for new staff only lasted a few days and involved being shown round and shadowing a more experienced worker - a 'sitting with Nellie' approach. Any bad habits were perpetuated through induction rather than critically evaluated.

This was observed in a workplace where a young care assistant was calling a client 'Gran'. She had only been in post a few weeks. Later in the study, I discovered that the older staff used familiar terms with the clients and this was deemed acceptable by the residents but when used by the young carers the clients were offended. However, the trainee was only copying the observed practice. The value base standards would have demonstrated the folly of such an approach. However, the NVQ candidates in this workplace had not seen the value base standards despite working on the NVQ for over three years!

6.2.5 Motivation factors

The main factors affecting motivation, and therefore a willingness to progress, related strongly to the ambition and previous care experience and qualifications of the candidate. For a few candidates with ambition to progress to further education or promotion, the need to obtain a recognised, national qualification maintained their motivation.

'I'd like to do level 3 and then social work' (FC3, private)

As the study proceeded, some of the candidates who had initially stated that they had no ambition to move, began to suggest that they would like to get out of the original workplace and move sideways into other areas. This was more to do with dissatisfaction with the working arrangements than any ambition but, for at least a few, the idea of having an NVQ or part of an NVQ boosted their confidence in the possibility. Certainly, for a couple of the candidates who had intended to abandon the NVQ at the beginning of the study, this hope of changing job helped them to decide to carry on and become more active in the NVQ process.

Other positive, motivating factors reported were highly dependent on the competence of the assessor and the support offered by the assessment centre. These included steady

progress because of the provision of regular assessment time; assessor involvement; an assessor who 'pushed' by setting targets; effective planning and the assessor having sufficient confidence with the standards to effectively streamline the process.

Most assessors stated that they enjoyed training and developing staff if time allowed. However, some felt that the NVQ was not the right way in small workplaces where time and staffing issues were difficult. These feelings were shared by some of the candidates.

> *'I'd say time is the biggest element. To pay cover and staff to do NVQ is unrealistic but you do need time away from work to do it. You need to encourage people to come in, in their own time. No-one here is ever paid to go on any courses. NVQ is not realistic in a small workplace'*
>
> (BC1, private).

Demotivation related to factors that reduced the candidate's control over the process - slow feedback on assessment; role conflict with employers also being assessors; assessors lacking confidence; feelings of isolation; and 'mixed messages' from assessment centres resulting in changes to the assessment process and paper work. Some candidates complained about the assessors or internal verifiers taking too long to 'feed back' when portfolios were submitted for assessment. As all evidence from previously completed units was submitted along with the current evidence for assessment, this delay stopped progress.

Because the numbers of personnel employed in the workplaces were so small, managers or team leaders often had the dual responsibility of being assessors. However, depending on the relationship, candidates seemed to be unable to detach the two roles and were unwilling to ask their assessors for more input to the NVQ or to complain if they were not receiving the promised assessment negotiated at the start of the NVQ. Assessors who were seen to lack expertise or confidence in the NVQ system caused frustration because many candidates were already feeling insecure because of the change and the complexity of the standards. However, candidates were aware that the assessor

was primarily the person who paid their wages or wrote their appraisal and they had no wish to cause conflict in case it influenced the relationship on a wider scale. Because the workplaces were small, most had only one or two candidates doing NVQ work at any one time. Often the candidates did not meet because they worked part-time and were on different shifts so some candidates reported a feeling of isolation and wished that there was more opportunity to meet with other candidates in order to share ideas. For example, on being asked what would have made the NVQ experience more satisfying, one candidate replied:

> *'I think if I'd have had someone else to bounce off from. There hasn't been you see,* (the other candidate) *hasn't been interested from day one really. There again I wasn't really keen either but now I really am. I want to get it done.'*
> (AC2, private)

Some felt that this need would be met if they attended college-type days for candidates where they would meet away from their workplaces and therefore the distractions of everyday work. Other candidates stated that they would like to be supernumerary while undertaking NVQ work but all agreed that the workplace model of NVQ was a good idea if it was allowed to operate effectively by regular assessment and time allocation. Most were unable to finance full-time attendance at college and enjoyed the idea of having their practical skills recognised through a national qualification.

Many of the assessors and candidates had been working on NVQs since the qualification became available and had experienced a lack of exemplar material as discussed in Chapter 4, incorrect information and continually changing awarding body requirements which sometimes resulted in changes to the paper systems in use. This was reported to be very frustrating and a demotivating factor for most assessors and candidates. Those with reduced confidence felt even more unsure of their methods and tended to default from assessment because of it.

'The newer candidate has got paper work that's completely different for collecting evidence compared to what I'm doing ... Its got to be done on A4.'
(GC1, voluntary sector).
'I *remember when NVQ first started here and I wasn't impressed. It was changing the paperwork then as well.'*
(Owner/manager, workplace F, private sector).

'We're being increased on paperwork and I'm not too happy with that. I feel it's totally ridiculous to have a plan for assessment'
(BC1, private sector).

The managers were asked if the expectation of offering NVQs to staff as part of a service agreement would motivate themselves and the assessors to set targets and encourage completion in order to obtain status within the local authority purchasing division. All the managers reported that NVQs were not required at the moment for contracting purposes and all stated that they felt they should not become part of any formal arrangement. The reasons for this varied: some felt that it would be unfair to impose NVQs on workers who did not wish to pursue the NVQ route; some had financial concerns about training staff without any government assistance; and others commented on the assumption that NVQs are an indicator of quality given the discrepancies reported in the standardisation section of this chapter (section 6.4). It was felt that local authority inspectorates could not insist on NVQ training for contracting purposes without ensuring that their own homes were also training to the same level. With the limited funding available to provide services, many managers felt that this would not be enforced in the present climate.

6.2.6 Section review

For most candidates, the managers retained the power over the degree and rate of progress of the qualification. While the NVQ was often adopted as a management tool for improving quality control, the personal value of the NVQ which the candidates attached to the qualification was restricted by the initial choice of level and status given to the NVQ by the workplace manager. With these broader factors in mind as potential

demotivating factors, the next section will explore the findings relating to issues affecting progression for the candidates.

6.3 'NVQ - what can I do with it?'- issues around progression

A survey of 100 candidates in one assessment centre during the pilot study showed that over 25% of candidates expected to use their NVQ for further education and over 70% hoped that the NVQ would be useful in furthering their careers (Dunlop, 1997).

The importance placed on progression for the candidates in the study related to age and ambition. Most candidates were mature and satisfied with their position, quoting 'company and convenience' as their main motivator for taking on part-time care work. It was mainly the younger candidates who had ambitions to move into higher education to study nursing and social work or to be promoted eventually into management posts. For this reason, the concept of progression following completion of the NVQ, for example to further or higher education or promotion in care, did not feature strongly in the qualitative study. However, other aspects of progression for the candidates relating to the degree of acknowledgment they received within the workplace on completion of the NVQ were reviewed. This could take the form of recognition by either status or financial increments or encouragement by openly supporting and facilitating progression pathways.

6.3.1 Further and Higher Education

Despite the marketing of progression pathways and parity of esteem by NCVQ, assessment centres in the survey reported that candidates who had tried to access vocational course in nursing and social work had found that the system was not straightforward because the higher education institutions could request additional entrance requirements on top of those required by the professional organisations

(Dunlop, 1996d). A few assessment centres in the survey did report that some candidates had accessed higher education but the numbers were very small and they were unable to say whether they had other supporting qualifications. Interestingly, attempts to validate their statements by accessing national information proved difficult. Neither the professional bodies for nursing and social work, the DfEE or NCVQ had statistics on progression of candidates offering NVQs as entrance to higher education though most accepted that it would be a useful exercise for the future.

By the end of the study, some centres were reporting a slight improvement in access to other courses. One candidate with good school qualifications reported that she was finding the NVQ patronising and frustrating to the point where she was considering higher education in order to escape the NVQ!

6.3.2 Promotion - moving up or moving on?

To encourage care assistants to register for the NVQ, most managers said that they had used NCVQ marketing to encourage ideas of progression pathways, transferability and parity of esteem. However when interviewed, all but one manager reported that their establishment had a flat internal structure with no route for promotion. Managers in the small private homes who offered training places for youth trainees undertaking an NVQ through the local college assessment centre, expected candidates with ambition to leave as soon as they had completed the NVQ.

> *'You're very wary of investing in someone when you know in six months time they may not be here. That's with all training. There was a course I used to send staff on ... I was finding that ... they'd come back from the course and a week or so later they'd put in their notice. You're training somebody for someone else's benefit.*
>
> *I look on care very much as a common sense thing. I suppose if you go back in history, qualifications came in to all the things that we recognise as needing qualifications so maybe it's just something else that's growing and should have a formal qualification but the way care goes these days ... I don't see it as a career job. Not in the private sector ... the people who work for you long term*

> *are middle-aged, married ladies who want to get out of the house and a little bit of money is nice. Youngsters, some do stay in it, but it's often a stepping stone while they're waiting to do their nursing...they see it* (the NVQ) *very much as a tool for themselves for their future progression.'*
>
> (Owner/manager, workplace B, private sector).

This concern with staff turnover or poaching was reported by participating managers to be the main reason why other private home managers in their locality had not adopted NVQs. However, the owner/manager in workplace F who had implemented NVQs for all her workforce took a more progressive, contrary view:

> *'I know one of the main criticisms of the private sector is that they are poor at training as the person will leave and I accept that. But if it takes 2 years to train them you get a higher level of work during that time. People aren't going to stay with you for ever. You hope as people grow and take more responsibility they will stay that bit longer. They might not if you don't invest in them. I feel there are tremendous cross benefits.'*
>
> (Owner/manager, workplace F, private sector).

Another manager who was having problems recruiting workers to the NVQ programme had used the NCVQ marketing messages to encourage staff. However, she felt that these were not supported by what was happening in the workplaces.

> *'I do try to sell the positives like 'it will give you more insight into what you're doing, it will make you more marketable in the future when more people will be looking for NVQ'. That doesn't hold much water I have to say ...The other thing is that I keep an eye on the adverts and I don't think my comments about people asking for NVQ in the future is relevant because you're hard pushed to find an advert that asks for them. Few and far between - often in nursing homes that pay much less than we do anyway so quite frankly there's not much of an incentive.'*
>
> (Manager, workplace C, charity).

Some of the candidates reported that they had seen job advertisements asking for NVQs but they were concerned about transferring to new jobs part way through an NVQ. One candidate hoped to move into surgical theatre support work and felt that her 'direct care' NVQ would not be relevant and she would be required to start another NVQ without the means of completing her original NVQ.

Only workplaces F and G were willing to offer progression to level 3 NVQ for candidates who had completed level 2. The small size of the workplaces or an unwillingness to implement incremental pay differentials tended to lead to a flat structure which prevented vertical progression pathways. This pattern was confirmed by the assessment centre managers in the survey. They reported very small numbers of candidates being promoted when they had completed their NVQ. The majority of candidates were reported to stay in the same jobs and did not benefit from the qualifications either financially or by change of status (Dunlop, 1996d).

6.3.3 Recognition

Findings from the survey demonstrated that some statutory services, particularly some NHS trusts, were reported to offer an incremental rise or external status recognition, for example, a change of belt colour to successful candidates (Dunlop, 1996d). Status changes were considered important by the candidates who felt that the NVQ was a lot of work and deserved recognition. However, many managers reported that recognition was unlikely because of the possibilities of causing conflict among the staff.

> *'We only have two grades here and the majority of staff are on the higher grade anyway so unless we introduce something else ...I think that could cause some ill feeling'*
>
> (Owner/manager, workplace B, private sector)

A national training officer stated that her organisation was encouraging workplace managers to arrange a certificate presentation and to give the candidate £50 gift vouchers. However, the candidate from the associated workplace reported:

> *'The lady from head office came in and said it would be recognised - the people with the NVQ would be recognised. She was telling us that quite a few of the other homes had their pictures in the hall with NVQ qualified and that ... 'You get a badge', she said. Some get different belts and* (the manager here) *says 'no, I'm not having that!''*
>
> (EC1, voluntary sector)

Another manager in a charitable organisation who employed trained nurses was aware that her staff felt that level 2 was potentially inappropriate and that they might have been motivated more by doing a level 3 NVQ. However, she had concerns about the financial implications so had limited the progression pathways.

> *'I wondered whether we'd gone at the wrong level but there's dreadful implications if I go up a level - money! I don't think I can ask somebody to struggle through a level 3 and say to them at the end of it 'Well ... well done, thank you, that's it!' ... I was very aware that another one of the demotivators was 'why should I get an NVQ, it doesn't make any difference to my pay at the end of the day?'*
>
> *We, like every organisation these days, have got budgetary constraints and if I'm offering an auxiliary an increment I've got to really ask whether I'm going to be getting value for my money. With the best will in the world - I could probably get a part-time staff nurse. These are the things that in a small organisation you have to balance. I think auxiliaries are a valuable part of the organisation. I would detest to be without them ...but my pocket is shrinking like everyone else's.*
>
> *My feelings are that, certainly at level 2, if it was made more simplistic, we could keep the interest going and I have to say that then there are some that would consider level 3. OK the finances are tight but if I could be convinced that I am going to get some pay back for the organisation from the NVQ then it would be worth manouvering projects to invest'*
>
> (Manager, workplace C, charity)

Those willing to give recognition hoped to offer an increment though this did not necessarily mean much financially. One manager who was using financial recognition to try and motivate the candidates reported:

> *'Now I'm giving some financial incentives to people taking it on, then once they've completed 6 units and when they complete the whole NVQ. I've only started with two people but I feel they are giving a lot of their own time and there should be some status in it.'*
>
> (Owner/manager, workplace F, private sector)

Another manager had been instrumental in instigating NVQs in her own workplace without the support of her main organisation. She reported that her own candidates would not receive recognition:

> *'...but if someone applies for a job with an NVQ they are placed on a higher scale. It's not a requirement yet but it is valued ...'*
>
> (Manager, workplace G, voluntary sector).

This manager had become an area manager at the start of the study period. She encouraged workplaces in her area to set up NVQs because she felt that they were a good way forward. However, towards the end of the study, the main organisation took a policy decision not to pursue the NVQ route much to the concern of one of her candidates who had hoped for promotion based on the qualification. She had completed a level 2 NVQ and was starting a level 3 qualification. When the organisation's decision was announced she felt that her NVQ work was worthless and had to be convinced about the 'national' nature of the NVQ.

None of the workplaces could report having recruited anybody with an NVQ qualification in care. This did not help to increase the motivation of the existing candidates. When one manager was asked if she would value recruiting someone with a level 2 NVQ, she replied:

> *'I haven't thought about it before* (laughter). *I think to be perfectly frank with the level of cynicism I have about them at the moment I wouldn't be particularly bothered whether they had a level 2 or not.'*
>
> (Manager, workplace C, charity)

6.3.4 Section review

This section has explored progression issues for candidates undertaking NVQs and discussed the potential demotivating factors for all involved - mainly flat progression pathways, limited higher education opportunities, expectation of staff leaving following completion and lack of status of the NVQ in the workplace.

The general lack of status given to the NVQ in the workplace had major implications for the confidence of the candidates in achieving and then using the NVQ as a valid

qualification. Candidates found it difficult to remain motivated when they felt that the NVQ was not valued locally in their own workplace and then nationally because of the lack of progression opportunities. This concern was further complicated in small workplaces where staffing fluctuations arising from staff turnover, low pay and absence limited assessment opportunities. Also, the extra effort required by the candidate in order to qualify was rarely rewarded either financially or by promotion in the workplace.

The lack of value given to the NVQ by some of the workplace managers in the study was reported to relate to their concerns about the lack of consistent quality in the NVQ across different centres - standardisation problems.

6.4 Issues around Standardisation

Standardisation issues, both at workplace level where the NVQ was implemented as a quality indicator and at individual level where the variations in interpretation and usage of the standards affected the quality of the end qualification, were an important aspect of the study findings. The differences across centres, workplaces and individuals were evident even within the small sample involved in the main study and went some way to explaining the concerns about the NVQ process in its present form.

6.4.1 Credibility of the NVQ as a quality indicator

Most of the managers had adopted the NVQ programme to try and motivate staff and to change workplace practice in order to improve their market position with purchasing agencies, inspection units and clients. Despite these objectives, by the end of the study period over half of the managers reported that the NVQ experience had demotivated their staff and had not affected the quality of care in the workplace.

> *'I think it can be a demotivator and it's a demotivator because of the 'gobbledegook' language, piles of paper and the photocopier I'm sure has died*

> *of exhaustion ... You hope it will improve quality. I don't think it has made a jot of difference'*
>
> (Manager, workplace C, charity).

Concerns about the credibility of the NVQ featured strongly during interviews with the managers and assessors. Interestingly, the candidates were mainly unaware that there were any variations in how the NVQ was implemented across centres. All the workplace managers commented on the variations between centres and were concerned that their investment in training was being eroded by the lack of national consistency. Many had experienced or heard about (a) variations in the time taken to complete and (b) variations in the quality of the care NVQ, when in discussion with other managers in different geographical areas or at local network meetings where managers were accessing other assessment centres within the vicinity. These negative opinions were reinforced when managers observed their candidates experiencing difficulties in using the NVQ to access further vocational training.

For example, when asked if they had any concerns regarding NVQs, one manager in the voluntary sector stated:

> *'There's obviously different centres across the country running NVQs and there seems to be discrepancies from one to another. This makes the standards questionable at times. OK it's a national qualification but sometimes I've wondered whether it's more difficult to get through in one centre than another...that's my concern - **is it really a national qualification or is it a local qualification which is nationally recognised ?'*** (bold text my emphasis)
>
> (Manager - pilot study, voluntary sector).

Despite the frustrations experienced at all levels during the developmental stages of NVQ implementation, most managers reported that they would continue to offer NVQs within their workplaces. Generally, this was because they felt they had little other alternatives to offer candidates and felt it was important to be seen to be offering training by the inspection units. Only the manager in workplace G was obliged to stop

offering NVQs once the registered candidates had completed because the organisation had decided to stop supporting NVQs as a training tool.

The general concerns discussed by the study managers were supported by the findings from the survey (Dunlop, 1996d). The different models of assessment within centres were reported by assessment centre managers to affect completion rates. There was a general concern about the lack of detailed information and specific guidelines, for example, samples of sufficiency of evidence and 'correct' paper systems from the awarding bodies which only provided samples of paperwork and lists of quality indicators in 1996 as discussed in Chapter 4. Consequently, most centres had invested a great deal of time developing their own systems for collecting and demonstrating evidence. While all thought they were conforming to awarding body guidance and advice, the different models developed varied considerably in the quantity of writing and logging involved. This had consequences for progress rates, overall costs and the ease of transferability across centres if a candidate moved job in the middle of their NVQ.

Despite the concerns about the standardised nature of the NVQ discussed by both centre and workplace managers, assessors and candidates responded positively when asked if the NVQ had affected care practice in the workplace. However, most stated that the effect had been a personal rather than an organisational one. Assessors, and the candidates in particular, reported that the NVQ had made them more reflective about their own practice and had helped them to feel more confident about being critical of the care given. However, most candidates, except those in workplace F, stated that the NVQ process had had little effect on the practice across the workplace generally. In workplace F, the NVQ was viewed enthusiastically by the employees who were all keen

to undertake the NVQ. The candidates were openly encouraged to criticise the practice in the home and the manager found the NVQ useful in identifying gaps or improvements that could be made in what was already good practice.

6.4.2 Incorrect information

Workplace managers had offered their long-term employees the chance to become the first NVQ candidates in the workplace. However, for some, inaccurate information and guidance from the assessment centres had resulted in inappropriate decisions about NVQ level which proved problematic for a number of the candidates who had been in post for a long time - some up to 20 years.

> *'If I remember at the beginning, four years ago, she (*the manager*) did say I could do level 3. Whoever she asked at the college said 'no' because it was management.'*
>
> (AC1, private home, deputy manager).

Incorrect information had been given about the nature of the NVQ and the implication that the NVQ would confirm what workers were already able to do within the workplace with minimal input from themselves in the way of paperwork.

> *'I didn't think there would be so much paperwork. I thought it would be more practical work'*
>
> (EC1, voluntary sector)

> *'You're led to believe it's all 'candidate led' and all you have to do is watch them or observe. At the end of the day it's not'*
>
> (CA1, charity).

These feelings of frustration were particularly pronounced where youth trainees worked alongside experienced carers as was the case in one workplace. The carers with 20 to 25 years care experience were undertaking the same level 2 NVQ as the trainees yet neither of the senior carers had examined the standards and left all requests for their evidence to the assessor. Despite their personal lack of knowledge about the occupational standards, they were expected to be involved in the young person's training. This had caused some

resentment and a withdrawal of their support in training new workers because they felt it should be the manager's responsibility since she had committed to training the young people. They felt bitter that they had to undertake a level 2 NVQ when the youth trainees with no experience were doing the same qualification and progressing because the college had set targets to ensure completion in order to earn the associated outcome related funding. However, none of the candidates were aware of the required care practice stated in the standards. The practical input for the youth trainee was expected to take place in the workplace so she had not been introduced to the occupational standards at college. Hence, standardisation of practice and assessment was impossible. At the time of implementing NVQs in the workplace, the senior carers and their assessor were told by the assessment centre that level 3 was for managers and not appropriate for them. Both of them had supervisory responsibilities which would have provided the necessary evidence for level 3 - one of the carers was the deputy manager and ran the home on a regular basis and the other worker was in a senior position with responsibility for supervising younger staff and also organising the medication in the workplace.

This lack of appropriate guidance featured quite highly for those involved at the inception of the NVQ programme. All commented on incorrect information given by the awarding bodies and assessment centres; lack of example material from the awarding bodies; a concern about mixed messages being received from external verifiers; and continually changing paperwork from the centres as they developed and streamlined their approach to portfolio production.

6.4.3 'Don't ask me, I haven't a clue!' - demystifying the NVQ process

All participants commented on the poor design of the standards and stated that the system was cumbersome, paperbound and full of jargon. Because of this, the majority of candidates in the study were dependent on the assessor to lead and interpret what was

required and in many cases to administer the evidence documentation. As a result, the standards were being interpreted subjectively in many workplaces resulting in a lack of standardisation. All the managers felt that the requirements on time and evidence were too heavy for the end result.

> *'It's very cumbersome and it's the language. It's not user friendly and I think it becomes an unnecessary block. Without being derogatory in any way, we're talking about level 2. We're not talking about someone working at diploma or postgrad. level. If they're phased by the language before they even start they are going to feel threatened all the way through. They worry that they're not expressing in the right terms. I have to say that I think the enthusiasm curve is probably at the bottom and we have to think of ways to lift it again ...I think the auxiliaries don't want to struggle with the vagaries of almost academic terminology. It seems to cause stress.'*
>
> (Manager - Workplace C, Voluntary sector).

Because of the common concern about the lack of standardisation, I designed a checklist which was used during my third visit to observe and assess the variations in planning, recording evidence and portfolio building across and within the centres (Appendix F). The findings demonstrated that many assessors and candidates were misinterpreting the awarding body guidelines. For example, two residential homes rarely had planning sessions and most of the candidates had not read the standards because they found them too complex. Evidence was provided either by the assessor who told the candidate that she had seen them performing a task or by the assessor asking the candidates to do or obtain some information to cover an aspect of the work. These candidates had been 'doing' the NVQ for upwards of three years and were totally unaware of how to read the standards and rarely got their hands on the 'pink folder'[24] which stayed in the duty room. At the introductory interview when all the participants were asked how many units they had obtained none of these candidates could tell me.

[24] Term used for the City and Guilds care standards which used to be packaged in a pink folder.

Why plan?

Awarding Body Guidelines (City and Guilds, 1992 and JAB, 1996) and guidance from NCVQ (*'NVQ criteria and guidance'*, 1995; *'Assessment of NVQs and SVQs'*, 1997; *'Assessing NVQs'*, 1998) state that planning is an essential stage in the NVQ process in order to involve the candidate in the process; make for cost-effective evidence gathering; optimize the cross-referencing of evidence to other units and elements and ensure reliability and validity of the evidence.

Only four of the workplaces visited (all from centre 2) had organised planning documentation and within this group, only two were using the documentation effectively. The other workplaces had no formal approach to planning apart from a review 'chat' which did not involve any proactive planning for observation. This was despite the assessment specification sheets for the care awards routinely requesting naturalistic observation as a form of evidence provision.

One assessor, who openly admitted that she thought the NVQ was not valuable, was reported to flaunt the requests from her internal verifier for natural observation of the candidate's performance. The candidate rarely worked with her assessor because generally she had to cover the opposite shift. However, the assessor had worked with the candidate for years prior to commencing the NVQ and used the previous knowledge of the candidate's performance to confirm her competence. The candidate was tending to provide more written material as evidence as she preferred an academic approach to the NVQ.

A sample of the transcript demonstrates the difficulties experienced:

(C-candidate, R- researcher)

R. *'Where does naturalistic observation fit in?*

C. It's not appropriate for distress obviously but I find at level 3 it's not the same as level 2 which is about everyday work. Level 3 is more involved. (The assessor) was around when I dealt with someone feeling suicidal. NVQ wasn't around then but we looked back and thought about that.

It's impossible at the moment (*with shift and staff changes*) to be around together. I'm having to draw on past experience.

R. *Does your internal verifier say that you have to be watched?*

C. She wouldn't accept this (a completed unit that had been submitted for verification) - *'Case studies well written but no natural observation which is a requirement - not yet complete.'* All (the assessor) did was to circle[25] that she'd watched me in every one. I felt a bit annoyed in a way. It was almost like being petty and ridiculous. To me that's made a joke of the whole thing. I can't say for certain that she was around.

R. *She only needs to have seen a sample.*

C. I couldn't see why it couldn't have just gone through.

(Discussion of needs of the External Verifier and awarding bodies)

R. *So do you have to use material that's gone before regularly?*

C. Absolutely. There will be cases for example, taking BPs (blood pressure measurements) when it's hands-on work which is different but when you are dealing with distress...it's already happened. You can't plan for it.

R. *So there's no formal planning sheet from the assessment centre as such?*

C. No. I just take this away and decide what I'm going to do. I need a whole afternoon to sort things out in my own mind before I start writing down. By covering the performance criteria first I find you naturally cover the knowledge evidence anyway. The knowledge evidence I look at afterwards and if I've not covered anything I pick that up, come in here, speak to (the assessor) about things I've missed. I say what I know about it.

R. *How does she record that?*

C. I don't know. I don't think they have been recorded. She's circled (8) - oral questioning

[25] The assessment specification sheets which record the evidence provided, requires the assessor to circle a code number to show what forms of evidence have been used to demonstrate competence for a particular range statement e.g. (1) is naturalistic observation ... (9) written questioning.

R. Is there a record of it? Do you record the questions anywhere?

C. No because I come in and say 'I haven't covered....' And we discuss that.'
(Workplace B, private residential home)

This candidate undertook assessor training in the same assessment centre during the period of the study. When asked how she was progressing, she replied:

C. 'I haven't put anything into the assessor course. I did use somebody who hadn't registered and they put 'candidate not yet registered' on the sheet. They say you've only got three months to do it. I think I've got two months left to complete it.
(Inaccurate information - discussion of JAB criteria of 18 months)

R. *How do you give evidence of planning that's drawn up, agreed and reviewed when the centre doesn't use planning documents?*

C. I was given one. We just happened to have a day where we were working together. We managed to cover quite a lot of things ... Afterwards I found that I was supposed to have been watched while I did the assessing. I mentioned all this to (her care assessor) who said *'don't worry, I'll sign that it's been done.'* It wasn't done - she wasn't physically in the house. I thought it was very, very strange. It all seems to be to be a bit of a farce!'

This candidate was very aware than the NVQ was not being carried out at a good level. Unlike her colleagues, she had some understanding of what should be done and was able to understand the standards and evidence requirements. She was positive about the NVQ in the right setting but had concerns about the credibility.

'I feel the NVQ is a good way of offering a qualification in the right setting. Good way of having a national standard but I feel that the national standard needs to be polished up. I don't believe that they are all working to the same standard. It's very well having it written down but to put it into practice, I don't think that exists. I know for a fact that here a lot of 'level 2's' have done nothing for it. (The assessor) *has come in of an evening or a night when that person was on and tells them that they've done this, this and this. Well I'm sorry but that isn't right. It makes a mockery of it all.'*

Another workplace reported that they rarely planned proactively because of the nature of the work. The assessor said that they used opportunistic assessment and then returned to the standards afterwards and completed the planning grid then. She qualified this by

stating that this could only be done because the candidate was so bright. However, both assessor and candidate did read the unit standards before the activity so they were at least aware of how the tasks should be completed. Another assessor read the whole unit with her candidate and then only planned for an element at a time despite being given planning grids for the whole unit.

In another centre, a candidate planned her work for an element at a time and did not cross-reference any of the work across to other elements within the same unit let alone other units. This went some way to explaining why she and her assessor commented regularly on the repetition they were experiencing. She also had little proactive observation of her work because her assessor had moved onto an area management role and had left the workplace. However, because she knew how the candidate had worked in the past, she was happy to relate to this in the evidence.

This candidate had completed a level 2 NVQ and was about to embark on a level 3. Discussion with the assessor confirmed that this was how they felt they had been taught to do the NVQ though the assessment centre did in fact teach appropriate planning and had paper work to support this. I recommended that they ask for some induction to level 3 before starting! A major concern is that this person's work had been internally verified and this problem was not detected.

How much and how often?

To confirm consistency in demonstrating competence, the care standards detail the number of occasions and the number of clients that should be involved in any evidence requirement within a unit.[26] Most candidates were unaware of this assessment

[26] For example, work with a minimum of three clients on at least three occasions.

specification requirement. Only those who had undertaken assessor training during the period of the study were aware of this section in the standards. Most of the other candidates were totally dependent on their assessors for instruction about what they had to do and also for determining gaps in knowledge evidence. Only two of the candidates in the study were able to lead their own work.

Initially, many of the candidates had left much of the writing up of evidence to their assessors though most reported that they were sharing the writing with their assessors by the end of the study period. However, none of the candidates took any responsibility for 'logging' or cross-referencing the evidence on to record sheets. This had great time implications for the assessors and was one of the main complaints about the assessor role as discussed in section 6.2.2. Most felt that the paperwork was far too complicated and excessive when most of them had been given little extra time for assessment and resulted in them having to carry out NVQ administration in their own time at home.

The variety of methods used by assessment centres to record evidence and develop portfolios was evident across the three centres. The awarding bodies had only provided one simple grid sheet as documentation within the standards and most centres found this inadequate. As a result, many had developed their own systems to document planning, evidence mapping, questioning and feedback to conform with the requirements for the TDLB assessor awards. All the assessors in the study commented on the lack of advice and samples of methodology which they felt should have been provided by the awarding bodies in order to standardise the NVQ system.

> *'All this paperwork should have been sorted out nationally before we started ... it's difficult to know the depth of questions. I feel C&G should provide these.'*
>
> (Owner/manager, workplace B, private sector).

This lack of standardisation in presentation was confirmed by the survey of the Midlands area (Dunlop, 1996d). The development and piloting of paper systems to present evidence and construct portfolios had resulted in a regular process of reviewing and changing the systems as more understanding and changing awarding body requirements, either in care or training, became evident to the centres. However, for the assessors and candidates these changes were stressful since the system was perceived as complex already.

The variations in design and a lack of standard examples from the awarding bodies meant that transferability across centres was problematic. Comments made by managers in the survey highlighted problems when they inherited both candidates, and assessors supposedly qualified to D32/33 standard, from other centres. Some managers reported that 'qualified' assessors had no idea how to assess correctly and they felt it necessary to retrain them before accepting them as competent. Some candidates transferred with little record of evidence and some only had tick lists and little evidence that any observation had occurred (Dunlop, 1996b). Anecdotal evidence implied that assessment centre managers were developing a hierarchy of centres and awarding bodies which they felt were easier or harder to use when trying to complete qualifications.

Within the qualitative study, strategies for recording evidence ranged from:

(i) *a record of simple comments about work observed on a sectioned log sheet (Centre 1).* All events for a unit were recorded on one sheet so the commentary was minimal. This log sheet was the only piece of evidence paperwork provided by the awarding body in the standards folder. Cross referencing to other units required the assessor to record the related piece of observation in each unit's log sheet but the quantity of writing was so small that they did not find this burdensome. Some questions and

answers were included in the portfolio but general questioning or discussion was circled in the assessment specification sheet but not recorded anywhere. This was the centre where planning did not feature highly and the candidates had little ownership or understanding of the NVQ process.

(ii) detailed scenarios of assessor observation or candidate's explanations of process (Centre 2). This took the form of a holistic approach to recording all the activities that occurred within an observation in a 'story' form. This was done in order to maximize the ability to cross-reference across units and to try and prevent more fragmentation of the standards. While a cost-effective way of observing the candidate's competence in a number of units, this method was time consuming for the assessor who had to identify relevant evidence and cross-reference and log to the appropriate units because the task was too complex for the candidates. The centre required written questions and answers to be included in the portfolio and a sample of the oral questions asked during feedback to be recorded on the evidence sheet.[27] All planning discussions and planning grid, evidence of feedback and checklists of log numbers against the performance criteria and underpinning knowledge statements in the standards had to be included to ensure that all requirements had been covered.

(iii) a diary of activity (Centre 3). This strategy limited the ability to cross reference because all evidence was in a single book and required the assessor to review the writing and then cross reference the appropriate page number to the required units. However, this model was being used by the candidate who was working at an 'element' level and cross-referencing did not feature highly. When the assessor

[27] This developed so the assessors could demonstrate evidence of their performance for their assessor award through the Training and Development Lead Body requirements (D32 and 33 units). More recent TDLB standards do not require oral and written questions to be demonstrated separately.

reviewed the evidence she discussed the commentary and asked oral questions to determine underpinning knowledge and to confirm competence. A general comment about the area of discussion was recorded in the diary. A record of detailed questions and answers was not required. Any review of work or action planning on an informal scale was also recorded in the diary. Newer candidates to the centre have been given a new set of record sheets that allows a more detailed scenario to be recorded to encourage cross-referencing and recording of planning and questioning.

While the progress within the study centres was slow, many centre managers in the survey as well as those in the main study, were concerned about assessment centres where evidence was minimal and throughput of candidates was excessively fast. They were worried that in a free market place, a home owner would choose the 'best deal' at the cheapest price without necessarily realising that there was such a discrepancy in the qualifications between centres. They were concerned that owners/managers had no way of knowing that the methods they experienced to obtain an NVQ were not the prescribed ones from the awarding bodies.

Informal discussions with centre managers at network meetings and conferences continued to demonstrate a lack of understanding of the NVQ system either in (a) the basics of planning holistically to maximize cost effectiveness or (b) in finding loop holes which allowed them to flaunt the system so they appeared to be cost effective. In fact, numerous centres would seem to be not conforming to the requirements of the awarding body and their practices are not being identified by the external verifier. For example, a couple of centre managers interviewed during the pilot study both had large centres with two to four hundred registered candidates. Both were internally verifying ***all*** the portfolios produced within their own centres. One manager stated that she

trained the assessors to TDLB standards virtually 'blind'. She commented that as long as the trainee assessors followed her instructions they would have sufficient evidence for their qualification.

(Bold text my own emphasis) (M-manager, R- researcher)

M. *'I teach them to look at an element at a time when they start off. To become qualified assessors, they have to do 6 elements, 6 assessment plans, 6 lots of questions. That enables them to get their qualification and to start to get to grips with what it is. My training lasts 3 days. Introduction - they're given 5 tasks up to assessment. Between 6 to 8 weeks later they come back on a recall day where I check they have done the tasks - Candidate's CVs, work out an action plan, assessment plan etc. They can start an assessment but they shouldn't do more than one. On the recall day I check they are all doing the same thing. From then on they have another 6 to 8 weeks to do some more assessments.*

I don't introduce them to D32/33 until the 2nd or 3rd recall day. ***They never see the assessor standards. I tell them they have to take it totally on trust. My reputation will enable them to become qualified. I'm telling them what to do.*** *Once they have done all that they are then introduced to the assessment and slot the evidence in.*

It's the same with the verifiers. I won't let them have the work standards because internal verifiers are assessing assessors against D32/33 not the care standards.

It is dictatorial but it is taking them down a track which will enable them to become qualified and ***then when they are qualified I tell them to throw the assessment plans away, you don't need them any more. 'You still need to plan but use the log sheet.*** *Do this, this, this and this. By now some of you will have realised that if you do this, that matches in with that and you cannot bath somebody without undressing them. Start matching them together but do it at your own pace and your own speed. As you start to understand the inter-linking nature of NVQ then you'll start to link them together. Don't force yourself to start off that way'.*

R So they could start off over-assessing in the beginning ?

M *Yes. I've got no hassle about over assessment.'*

Centres inheriting assessors from this centre with D32/33 would expect that they had grasped the basics of cost-effective assessment. However, evidently this was not perfected prior to qualification but discussed ***after*** they had received a national qualification.

M. *'We train assessors for D32/33 which **means they are competent** but when they get into the workplace they find that they can't practice because their manager won't let them. It becomes an operational issue. **I get dragged in and say there's nothing wrong with the training because they've got the qualifications - the training is actually all right. It's got to be all right - it's a national qualification so the problem has got to be at the operational side of it.'***

This manager had experienced the problems of different training models and variations in paper systems but seemed unaware that she was also misinterpreting the TDLB standards.

M. *'What I've seen from other organisations is that they train assessors. People know there's got to be assessment plans, that they've got to ask questions, to give feedback. They know all that. What they don't know is how a unit works, what is a performance criteria. That's what frustrates me. It means I get somebody that arrives in my office having come from somewhere with D32/33 who wants to assess in their new workplace and they wonder what they've got to do. I've got to retrain to use the paperwork.*

I train people to become assessors 'properly'.** They have everything they need for D32/33. Then I say that you know you have to plan, ask questions etc. but I don't want you to sit down and do an assessment plan. I want you to plan your next meeting once you've given feedback. The obvious place to do that is your evidence log sheet. Next entry is 'I'll see you next Thursday and what ever you are doing I'll assess you doing it'. **In the care world I would maintain that you cannot organize an assessment for a specific unit, a specific element.

R. So do you plan your next assessment to fill the gaps on the range?

M. *No.*

R. So as long as they've seen the '3 clients' even though it might be **all the same range** that was covered that would be sufficient?

M. *Yes.'*

The manager reported that the system worked well:

*'...as long as you've got control over it. The problem would be when you've trained internal verifiers and they become separate from the centre. **It's easy for me to control the centre because everything comes through me and is monitored by me.'***

(Manager, Statutory services)

The supposed fast progress of this centre was putting other centres in the locality under considerable market pressure. Despite the variation in practice, the threatened centres felt powerless to do anything because they found it difficult to obtain hard evidence that could be shown to NCVQ. Portfolio evidence belonged to the candidates so there was some tension around issues of confidentiality which they felt limited their opportunities to access material.

Another manager, also in the statutory area, internally verified all her centre's work but did not have any of the TDLB qualification requirements for doing this. Recently her centre had been suspended because of non-conformity with the requirements of the awarding bodies but was reinstated following a review.

Both these centres illustrated the difficulties of national standardisation. The quality control systems of the awarding bodies had not ensured sufficiently detailed monitoring of their practice in the workplaces. Examining quality systems was insufficient to determine correct practice if the manager was the only internal verifier and had interpreted the NVQ process incorrectly. She then perpetuated the incorrect procedures through assessor training, candidate induction and internal verification while believing that her interpretation was correct.

Despite the detail of the occupational standards, most assessors found it difficult to be prescriptive about how they determined that the candidates had provided sufficient evidence. All reported that they used the standards to check the evidence but were influenced by other factors in deciding whether a candidate was competent or not - for example, the candidate's age and length of service and a knowledge of the candidate's

previous performance (Appendix G). Hence the need for moderation in the form of internal verification.

The knowledge

In general, the underpinning knowledge (UPK) statements in the standards were used though many assessors prioritised the range and performance criteria when they first started assessing and the underpinning knowledge was often forgotten until the end of the unit assessment. Centres where planning was not used effectively were most at risk of avoiding the UPK requirements because they rarely read the whole unit before starting assessment so were unlikely to identify gaps in the candidates' knowledge before assessment.

One centre had youth trainees on placements in care settings. The manager reported a dilemma whereby the employers where the candidates worked assumed that the candidates were obtaining UPK training at college during their day release. In fact, the college course had not been designed around the NVQ standards properly so the information they obtained was not directly linked to the NVQ requirements. One assessor reported that some employers thought the college was doing the NVQ with the candidates as well. The assessment centre co-ordinator had difficulty in explaining to workplace managers that the college's responsibility was for the UPK and the employers' for the NVQ assessment.

For mature candidates, the main resource for the knowledge requirements was their assessor which added to the assessor's role. Time was spent designing small assignments or questionnaires to cover the evidence requirements. Any training was usually done by the assessor 'in-house'.

The Value base

The care standards are complicated by the requirement of all involved to be aware of a value based unit - the 'O' unit. This unit looks at issues around choice, confidentiality, communication, anti-discriminatory practice and beliefs and encourages the candidates to treat all clients as individuals. The values are such an integral part of the NVQ that the assessor is expected to assess these throughout the candidate's qualification alongside their other NVQ tasks. For example, a candidate would be deemed 'not yet competent' if she carried out the functional tasks correctly but had not given the client choice or respect during the process.

Despite the importance of the 'O' unit, three of the workplaces across two assessment centres had not bothered with the value base until the candidate had neared completion. None of them had logged any evidence for the unit during the NVQ and were reviewing the evidence on completion to try and complete the requirements. Most reported being given the wrong information about the requirements at the start of the NVQ process.

For some of the workplaces, these values were evident in their daily practice and organisation. However, it was interesting to observe some discrepancies in workplaces which had adopted the NVQ to help improve practice. Two workplaces, where the owners were also the assessors, ignored the value base standards if they did not conform to their wishes. For example, the standards relating to personal beliefs and identity (Od) state 'preferred manner of address' as a range statement which encourages the care assistant to ask the client what they would like to be called. One home owner insisted that all clients were addressed by 'Mr. or Mrs.' whether they wanted it or not.

One candidate reported:

> *'I'm not happy about residents being called formally unless they choose to. I've actually had people beg me to call them 'Alice' or 'James' and yet we've not been allowed to...I'd get shot if she heard me say 'Alice' and 'James''*
>
> (BC1, Private sector)

The owner believed that the formal route encouraged respect and avoided familiarity. Another candidate in a different workplace reported the following when I asked how they addressed the clients:

(C: Candidate; R: Researcher)

C: *Dreadfully ...we don't call anyone Mr. and Mrs. There again I don't because in many of my jobs I've always nicknamed my residents but they respond to it. But then again one of the girls said that she'd heard one of the young ones calling it and she didn't like it.*

What can I do because I've always done it myself but they (the clients) *respond to me. I wouldn't if they didn't respond to it or they asked me not to.* (Discussion of two residents nicknamed 'Winny the pooh' and 'Nora Batty'*). If it was offensive I wouldn't do it. Some of them heard a youngster saying 'come on, Jacko lad' and they said it sounded awful.*

R: What happens when a new person comes in? Are they asked how they want to be addressed or do you default to their first names?

C: *I'm sure we do but they've all been called first names. I call K. 'my Gran'. She's not my Gran but I call her 'Granny K.' She's never had children and she loves it. She calls me 'Hello my grand-daughter'. Does it hurt? She sends me cards 'to my grand-daughter'. When she knew that I'd handed in my notice the other week she wrote me a letter - 'don't leave.'*

R: So how will you resolve it with the youngsters not giving the clients the titles they want?

C: *She's* (the owner) *going to have to have a meeting.*

(AC2, Private sector)

Both of these home owner/manager/assessors had been offering NVQs for about four years. Only one of the five candidates in their homes had read the standards and been introduced to the value base. Even the youth trainees in this centre were not introduced to the values before work placement and as discussed earlier, the older carers did not feel responsible for training them correctly because they felt it was the owners

responsibility. As a result the young workers copied incorrect practice without realising that acceptability depended on age and experience in the eyes of the clients.

A positive aspect of the value base was seen when visiting workplace F. As I arrived mid morning one of the candidates apologized for the delay in seeing me but was in the process of offering a client his third breakfast because he did not like the previous offerings or had changed his mind about his requests!

6.4.4 Monitoring quality assurance

The responsibility for awarding body quality assurance lies with the external verifiers (EVs) who are employed by a specific awarding body rather than NCVQ. Most have other full-time jobs and become external verifiers, certainly in the care sector, because of their commitment to improve the credibility of the NVQ system. However, variations in the approach and detail of inspection were evident between the three centres in the main study.

One centre had changed centre manager and requested a visit by the External verifier (EV) which eventually happened six months after the request. The manager was aware that there were weaknesses and wanted advice on improving the system. My observation of the paper systems, portfolios and discussion around the centre practices demonstrated practice that required updating based on current awarding body recommendations. I hoped that the EV visit would highlight these for the centre and enable them to see their weaknesses more fully because it was inappropriate for me to intervene apart from offering advice when asked. However, when the visit took place and I asked for details of the outcome, the manager reported that all had gone well and nothing major needed to be changed. The EV had not examined portfolios in detail.

Other assessment centre managers in the survey reported 'mixed messages' causing frustration across centres which were geographically close but were visited by different external verifiers (Dunlop, 1996d). The variations in expectation had implications for the financial investment in changing centre systems which affected inter-centre competitiveness again.

6.4.5 Section review

The ability to standardise the NVQ was perceived as a major problem by all participants in the NVQ process except the candidates who had no comparative frame of reference. Variations in interpretation and implementation of the NVQ were evident, both in the small survey and in the qualitative study. This had implications for the cost, quality and credibility of the NVQ. The lack of correct information and sample paper systems from the awarding bodies at the time of introducing NVQs in Care has resulted in much frustration and problems of transferability for assessment centres. This concern was reported to still be a problem because of 'mixed messages' from external verifiers working for the same awarding bodies as well as between different awarding bodies. This has resulted in an informal hierarchy of NVQ status depending on the assessment centre and awarding body offering the award.

Despite these problems, most assessors and candidates reported that the NVQ experience had improved their ability to evaluate their practice and the concept of 'reflective practitioner' was apparent in most of the respondents who were aware of the standards. In workplaces where NVQs had been greeted positively, the process was leading to an enthusiastic, critical workplace with the client's interests being paramount. However, the variations in practice across centres has great implications for the overall cost in relation to completion times. In a free market, this has a major impact on employers' decisions on whether or not to adopt the NVQ route for their workplace.

6.5 Finance

To provide effective NVQ implementation, there needs to be a financial investment by the workplaces. Failure to invest appropriately has a knock-on effect on rates of progress, overall satisfaction, effects on workplace practice and eventual progression to other jobs or education/training for candidates. Concerns about finance were a regular occurrence during interviews at all levels. As discussed earlier in sections 6.1.4 and 6.2, both candidates and assessors felt that their slow progress towards completing the NVQ did not provide 'value for money' for the employer in the form of a return for the investment in training costs. Managers felt they were unable to give financial recognition of success either because finances were limited or because they were concerned that there might be an industrial relations problem with the staff if those who had obtained an NVQ were rewarded with higher pay or promotion.

This section will discuss the data findings with respect to the costs involved in implementing NVQs in small workplaces where the need to 'walk a financial tightrope' was crucial to their everyday survival. A number of case-studies are presented to illustrate the problems associated with introducing and consistently offering a training programme in a competitive market. While financial issues were an important aspect of these case studies, the other research areas of the study were affected because of the interrelationships.

6.5.1 Assessment centres - Initial costs variations and survival issues

The survey of assessment centres illustrated a diverse range of initial costs for registering candidates (£0 to £400), training assessors (£0 to £300) and training internal verifiers (£0 to £325) which related to the differing centre models. Some centres included registration, study days, verification and certification in their costs while some charged only for registration and recommended that candidates paid for unit

certification. Some offered registration and assessor training for nothing so they could get their centres up and running (Dunlop, 1996d).

The centres in the qualitative study reflected these findings with ranges of £3 to £300 for candidates registration, £100 to £600 for assessor training and £0 to £600 for internal verifier training. Internal verification was usually carried out by either centre staff (in which case the cost was usually absorbed as verification formed part of the job role), by peripatetic verifiers (which incurred an hourly or unit rate) or by mutual exchange of verifiers across workplaces so no costs were incurred.

Centres accessing FEFC or TEC funding were able to subsidise their registration costs significantly to the concern of other centres which became unattractive because of their higher costs (Dunlop, 1996d). The subsidised centres were also able to offer complete packages - a 'one stop shop' approach - with underpinning knowledge workshops, peripatetic assessment and internal verification being offered by the college or agency staff for a specified amount. The changing nature of assessment centre models over the last few years has weakened the position of the original, non-subsidised centres in the 'free market place' for training.

For example, one centre manager in the Midlands was concerned for her survival:

> *'The problem is I'm competing against others who have been given TEC funding. One centre got £50 000 when it broke away from us and started up a centre* (consortium of nursing homes). *I've been told that I'm not eligible for TEC funding.'*
>
> (Manager, assessment centre 1, college-based).

To overcome the problem, centres reported that they were considering compromising their quality control systems in order to reduce the costs of the NVQ process or to agree franchising arrangements with local colleges in order to obtain some FEFC funding

through 'the back door'. Centre 2 considered this route when its financial survival was threatened during the study period. However, the option was rejected by the management committee because franchising would have 'put the power in the hands of the college' so reducing the autonomy of the original centre. The centre manager reported that the college model was inappropriate for their candidates and workplaces for a number of reasons:

- colleges require specified hours of contact with the candidates to conform with FEFC requirements which were not always necessary for experienced, mature workers who were using the NVQ to confirm their competence

- very small workplaces could not afford the replacement costs for day release

- college dependence on outcome-related funding resulted in some structure being applied to the assessment process. For some workplaces, this was inappropriate because they wanted to use the NVQ to affect the practice and policies of the workplace and not just as recognition for the individual candidate

- many of the newer centres concentrated on offering the most common NVQs for cost effectiveness whereas Centre 2 had candidates registered for NVQs relating to minority client groups.

The following case study illustrates the background to the decision to close centre 2 because it was no longer able to compete in the increasingly competitive training market because of financial difficulties.

Case study one - demise of an assessment centre

Centre 2 had been in existence since the early 1990s and had been formed by a consortium of the local council, social services, local FE college and hospitals. When the integrated awards were developed, the hospital sector left to set up their own centre. The consortium centre was staffed by a manager with administration support. Trainers were self employed consultants as and when the centre needed them and internal verifiers were employed peripatetically and formed the main quality control

group for the centre. The centre had 'kite marked' training from CCETSW[28], offered NVQs at level 2 and 3 plus TDLB and was accredited for some of the less popular NVQs through the JAB. It had always been held in high esteem by the awarding bodies and was known for its quality systems.

The centre was unable to access TEC funding or FEFC funding so costs had to be met by fees. The salaries of the staff had been met by grants from the consortium members, mainly social services, and running costs by the membership fees of the organisations using the centre. Training and registration costs were priced on a 'not for profit' basis. The college's input was in the form of office space but it did not have any arrangement to offer underpinning knowledge training or to train young people through the centre. Most of the candidates were mature workers in employment whose workplaces were not interested in day release for college training because most received in-house training from their organisations.

A year ago the centre management decided to take over management of a local council, purpose-built training venue that had been set up for use by the voluntary sector in the city as well as allowing private lettings. The assessment centre offices were moved to the new building releasing the college premises. Unknown to the centre, the college had decided to set up its own assessment centre with a different awarding body, and arranged marketing of an all inclusive package for considerably less than the centre because it was able to access subsidies and use the college staff for assessment and verification.

During the period of the study the centre had received accreditation to offer a new award in Youth and Community work which was attractive to people in the field who had previously not been able to access training. However, when this was about to be launched, the city in which the centre is based became a unitary authority. Because of changes in funding arrangements within the county, it was decided by one area that the promised grant money to cover centre staff salaries would not be forthcoming. The consequences for the centre were devastating and it closed in March 1998.

Centre members had to find alternate centres to register new candidates but some found this a problem because many centres do not offer the model or type of NVQ required by the organisations. The quality of the centre was not in any doubt and it had recently undergone a successful five year review inspection by CCETSW.

Some centres are also part of larger establishments, for example, Faculties of Health within universities. One centre in the main study (centre 3) reported being under threat because the main institution was in financial difficulty and needed to reduce staff. It had been decided that NVQs were not considered to be cost effective despite contracts with four health trusts and it was expected that the assessment centre would close. Although the NHS Trusts successfully negotiated for continuing services, the threat has left the centre demoralised and staffing has been reduced.

[28] CCETSW market a 'code of practice and registration scheme' for vocational education and training which provides a benchmark for training provision (CCETSW, 1992b).

6.5.2 The managers and workplaces

All but one of the managers stated that they felt the NVQ was an expensive way to train. None of them had been able to access TEC funding to assist with staff training and, by the nature of not being statutory agencies, none had any central government funding in their own right. Deciding on the type and frequency of training required some planning and commitment because the costs had to be met from profits or grant money.

The manager in workplace G had introduced NVQs but was concerned that the main organisation was unwilling to adopt NVQs across all the homes. To make NVQs more attractive she offered cost saving options to head office.

> *'It works out on average that each member of staff has £200 a year for training. The candidate registration is £250 - that's why I said I'd do IV* (Internal verifier training*) to save some money.'* (Manager, workplace G, voluntary sector).

All the workplaces paid the registration fees for their candidates and assessors though some requested the candidates to pay for unit certification on the advice of their assessment centre. In the private sector, the manager in workplace F asked the candidates to pay a token amount of £30 out of the £186 candidate registration fee to show some commitment.

Two of the other workplaces had attempted some contracting arrangements to protect their training investment. Workplace B had contracted with the candidates so that if they left within 6 to 12 months they would pay back a proportion of the registration cost which would be taken out of their final salary. During the study period workplace E, which was a home within a large voluntary sector organisation, had to implement an organisational contract with the candidates whereby a candidate who was to be registered for NVQ had to agree to stay for a period of three years or pay back a sum of money. This caused a great deal of conflict and resulted in some potential candidates

leaving the workplace. The manager of the home was annoyed that the organisation had taken this approach rather than offer recognition on completion to motivate staff to stay on.

The remaining managers felt it was inappropriate to ask low paid workers to invest their own money in training. They felt as 'learning organisations or workplaces' that it was more appropriate to be seen investing and valuing their workers. Some would not ask candidates to stay on for a period after completion because they felt it was wrong to have people working in a care environment if they did not want to be there.

6.5.3 Working with local authorities

Despite the limited funding, some of the small workplace managers reported that they were being pressured into becoming 'preferred suppliers' by their local authorities. For one, this involved having to send all her staff on First Aid and Handling courses. She received no increase funding or grant to facilitate this. As there had been no tradition of offering this training, she had a large financial output within a short period of time. While the statutory agencies were reported to look favourably on workplaces that offered training, none of the local authorities involved with the workplaces in the study made training a mandatory requirement either for their own workplaces or for those with which they contracted. Workplace managers reported that inspectors were unlikely to impose formal requirements because social services could not afford to finance the recommendations in their own homes. Consequently, the workplace managers reported that their colleagues felt safe in not being too active in introducing and implementing NVQs.

> *'Really the original reason for it* (starting NVQs in case it was imposed by inspectorate) *has gone at the moment so I don't think it will come back unless there's a big change in the financial situation. We thought that the council homes were going to go for it in a big way and they were doing initially. Then*

> *suddenly they discovered how expensive it was and they've gone cold on it so we're not going to be pushed to have to do it if they're not doing it. They can't expect us to do it if they're not doing it. So the impetus has gone from that point of view. Really having gone down the road then, yes, I'll keep going with it but I probably wouldn't start again'*
>
> (Owner/manager, workplace B, private sector)

The manager in workplace B experienced a very unstable period during the study because she was not receiving regular client referrals from her local authority. This was the result of the local authority having overspent during the previous year so had little resources to support new placements in residential homes. The following case study illustrates the problems of dependency on the statutory authority.

Case study two - a small home in the private sector (workplace B)

Workplace B was positioned at the extreme of one county and close to the border of another. Despite this, she have found it very difficult to receive referrals from the bordering county. The local authority in her geographical county had financial difficulties and it was reported that care managers met monthly to identify the most needed single client from their workloads for placement into a residential setting. Any placements made were to the local authority homes first and this manager reported that any referral to them was usually because the local authority home did not want the client because of the client's degree of dependency. [29]

The residential home, which was run by the manager and her husband, could accommodate sixteen clients. At the beginning of the study, they had eleven clients and were not receiving any new referrals on a permanent basis. In the first quarter of the year four clients died due to natural causes so reducing their income by over £1000-£1200 a week. No further referrals were likely from the local authority so in order to maintain their staff, they were forced to halve the working hours of all the staff in order to be seen to be fair.

They also closed up their own bungalow and moved themselves and their family back into the top floor of the residential home so they would be available to provide a 'second pair of hands' for the worker on duty for what they hoped would be a short period of time. The staff were covering a shift on their own where before there had been at least two of them. For one candidate who enjoyed the company of her colleagues this made the job dissatisfying. Also the staff were reluctant to call on the manager's husband to assist. The deputy manager had some of her hours converted into 'cooking hours' at a much reduced hourly rate so was losing a significant amount of money.

[29] All the private homes in the study reported an increase in the dependency level of the clients being admitted because of 'Care in the Community'. Most clients are supported in their own homes until much later than before.

Six months later the home was still working with minimal staff and had lost a number of staff to other jobs because they could not sustain the loss in salary over such a long period. The expected short-term need to reduce hours was extended for a much longer period. The owner had taken on other teaching responsibilities to bring in some income and they had applied to the local authority to be recognised as providers of care for elderly clients with a mental infirmity (EMI) in the hope that diversifying would increase referral opportunities. This was agreed by the local authority but did not increase the overall permanent clients.

Short-term admissions for respite care increased slightly. However, the clients' degrees of disability meant that more attention and care were required but the allowance associated with their placement did not reflect this increased need sufficiently to allow staff increases. Any extra care was provided by the couple themselves increasing their input to support the carer on duty.

They reported that a number of friends who were also running residential homes had had to close because of the financial situation. They had thought about this option but could not afford to close as they had invested all their money into the project 14 years ago and had not been running profitably for a number of years. They reported that if they had sold their home three years after opening they could still be 'living' on the profits.

Their other worry was that the introduction of a minimum wage would be disastrous for them. The workers were already on low wages of £3.20/hour. Discussions with the manager's husband showed that they were worried about a minimum wage of £3.50. He reported that £4 an hour would 'kill' them. He felt that they would require an extra £35 a week per client from the local authority in order to accommodate any increases and survive. He reported that 50 % of the income in homes was spent on wages alone so paying to maintain the house and grounds left very little for the owners to live on.

He felt that the Community Care Act was 'killing' small residential homes depending on where they were positioned and reported that larger homes were being built by large organisations and had no problem filling their beds presumably because of contractual arrangements with local authorities and NHS Trusts. However, he could not accept the logic behind this pattern because he felt the move back to larger institutional care because it was more cost-effective was contrary to the ethos of the Community Care Act.

His wife regularly related stories about the games being played by the local authority in order to fill their own LA homes even when a client specified a placement in their residential home so they could be near their family in the village. For example:

Researcher: *So the struggle continues! Does K.* (another home owner) *not have the same dependency on the local authority where she is?*

Manager: She's ('Anothershire') - they're crying out for placements in ('Anothershire'). We've been in contact with them suggesting that we're not too far away but none of them like cross - border placements. We're trying to break that barrier. We're quarter of a mile from the border - it's all since the new system ...

Researcher: *I thought with the free market that you could go anywhere as long as it was agreed?*

Manager: That's the law - the law is choice. In practice, they've got to keep the council homes full. To keep them viable so it's all a matter of *'Well, if*

you go into one of our homes, you can go in straight away. However to sort out the financing and everything else to go into a private home, you can go into one if you want to, but I must point out that it could be 6 months before it's all sorted out'. What would you do if you were desperate? So the council homes are all full. Then if they get someone that they think they can't cope with, they go to the private sector. The lady I've got in just now - an emergency admission. Phone call in the morning, another phone call in the afternoon, in the following day.

Researcher: *Do you get any extra funding for doing that?*

Manager: It actually costs more in the council homes than the private. The staffing ratio is poor. You haven't got the same commitment. If you're in your own business, you do your best to keep it going properly. If you've just got a job and go home at the end of the day and there's not enough staff then *'they just have to manage'* It does go on. There was a situation a while ago ...

Researcher: *How do they get away with inspections?*

Manager: The Inspectorate do go in now but they didn't do until recently. There was a separate inspection scheme for their own homes.

Researcher: *So you had to go through the inspection process and they didn't ?*

Manager: They do now but again you've got the inspector employed by the county council. All the reports are open for anyone to see. You read a report on a council home being recommended to do this, that and the other. 12 months later it hasn't been done. Private home if they don't do it, what happens? They (the LA homes) just say they haven't got the money. What if we don't have the money? It's different rules. There's the aspect that the council homes are getting the people but there's the other aspect - they've spent their money on care in the community. Some of the client's own homes that people are staying in are filthy. The care manager will say that you must go and look at three homes. They'll send people to look at homes that have no vacancies, there are games again...'

Because of the ongoing need to survive, NVQs had not progressed because some candidates had left to find other jobs; the assessor was busy with a second job so time was limited; when a candidate was on duty she was the only one covering 'the floor' so it was difficult to take time out for NVQ work; gaps in assessment reduced motivation and confidence; candidates were reluctant to bother the assessor because they knew she had other more pressing things on her mind. Also the quality of assessment had been affected. Guilt on the part of the assessor has led her to 'cut corners' in the assessment process rather than conform to awarding body criteria which would have reduced progress.

Another workplace in the study experienced similar financial concerns when a contract with an NHS Trust was altered.

Case study three - a workplace in the voluntary sector (workplace C)
This workplace was a registered charity offering respite care for the terminally ill. It existed on donations, fund-raising and contracting with Health Authorities. During the period of the study, the expected income from a health authority was cut. This resulted in closure of part of the unit and associated redundancies among the nursing staff. One of those made redundant was a new assessor and her candidate also left.

The remaining staff were very demotivated and upset for their colleagues and were concerned to protect their own futures so some were looking for other jobs. The environment, which was normally very caring, supportive and democratic for patients and staff alike before this event, suddenly had a jolt and confidence was threatened. Loyalties were divided and it took some time to rebuild the atmosphere between the manager and the staff. They acknowledged that they knew she had no choice and the redundancies had been done on a fair system of 'last in, first out'. However, they were upset at the fact that the decision was made at senior level without their consultation.

Senior personnel were also given different responsibilities and the whole organisational structure was affected including the staff rotas. With so much insecurity and rescheduling of staff rotas, the remaining assessor and candidate had limited contact time and even less motivation to continue with the NVQ while their futures remained potentially insecure.

These studies demonstrated the fragility of the workplace existence with respect to staffing, client numbers and funding. This instability made investment in training difficult. Managers were aware that training staff improved their marketability but without firm funding or a statutory requirement, the commitment was half hearted. This affected the NVQ process because trained staff could leave more easily when the going was tough; the training offered could be substandard because of limited resources and assessment activity was often put 'on hold' whenever other more trying aspects of management had higher priority.

6.5.4 Recognition

As discussed in the progression section, only a couple of workplaces were considering recognition in the form of an incremental rise in pay. The survey confirmed that a pay rise seemed to be rare apart from in the NHS (Dunlop, 1996d). One workplace manager commented on the flat structure in pay as well as prospects:

> *'They won't get a higher rate of pay. I think there should be grading whether we're doing NVQs or not. I don't think in any way that it's right you take a young girl - I quite like to take on a couple of youngsters who haven't got any*

training - and train them. This I can do with great fights with the chairman because she doesn't like youngsters, she doesn't feel they are reliable and in some cases they prove her right. But NVQs aside, I don't think an 18 year old coming in here with no experience should be getting the same rate of pay as somebody who's been here for 10 years. I think there should be a graded system. I've worked in the health service all my life. As you know when you become a sister you get up to 7 years and then you don't get any more increments and I think there should be some sort of grading. I don't think it's fair.'

(Manager, workplace E, voluntary sector)

6.5.5 Financial concerns for assessors and candidates

The main concern for the assessors who were often managers was the cost of assessment time. To facilitate this, managers needed to arrange replacement time to release staff or sufficient staff to allow the candidate to work with the assessor on a regular basis and have 'time out' of the workplace for planning and feedback. In the small workplaces, this did not happen very often which limited progress for the candidate. When assessment did occur, all the assessors commented on the amount of time they needed to document correctly after the event. Since most of them had other roles to fulfill in the workplace, the time commitment was a demotivator.

For example:

'I can tell you now what your thesis will show. It all relates to money and time. Residential homes are run by the owners ...residential homes don't know their budget from day to day. If a client dies and the local authority don't place someone else, you lose that income so training isn't a priority...I spent a morning assessing and a whole day writing it up.... Everything comes back to finance at the end of the day. You can say time and all the rest - more time's available if more money's available.'

(Owner/manager, workplace B, private sector).

The pay rate for all the candidates was low, ranging from £40 a week for a youth trainee to £3.30 to £4.30/hour in the private sector for experienced workers. The voluntary sector paid more with a range of nearly £4.00 to over £5.00 per hour because the sector often base their wages on social service pay scales so are more realistic.

Most candidates thought that it was the responsibility of the managers/owners to pay for their training particularly in the private sector where the more mature workers had little incremental difference to the younger workers. As one mature, experienced worker with 25 years in care remarked:

> *'It's a crap wage (excuse my language) but it's disgusting. I know we're not nurses and I haven't their training but we do a lot of work that nurses do.'*
> (AC1, private sector).

The low wage and associated expectation of taking responsibility frustrated some of the older workers and made them resentful. The lack of financial recognition was indicative of the lack of progression experienced by most of the candidates. They found it difficult to be enthusiastic when they knew there would be little return for their efforts. The youth trainee in the study left after a few months because she felt the pay was poor. She started on £40 training allowance for a full week's work with day release to college. This had been increased by the employer to £2.00 an hour before she left.

With the growth in the private sector, candidates found it easy to move to other jobs. Often the new job might only pay a few pence more but it was sufficient to motivate candidates who were disillusioned with their own workplaces. With the slowness of the development of NVQs, few places in the private sector asked for qualifications so the candidates were not encouraged to stay in order to complete the NVQ.

6.5.6 Section review

The financial issues involved in attempting to offer NVQs in small enterprises were problematic because staffing numbers were small and financial well being was often dependent on a relationship with larger organisations. This can be more complicated in the care sector when clients are the 'commodities' and their quality of life is 'the product'. Individual needs cannot be quantified easily to allow precise budgeting and staffing difficulties may limit expectations. This unpredictable dependency relationship

resulted in an unstable financial climate where staffing levels, pay and training opportunities changed with the workplace circumstances.

6.6 General overview of the findings

The care sector lacks a training tradition, therefore many workplaces did not have an existing training culture that could be utilised and adapted to facilitate easy NVQ implementation. The result for most of the participating workplaces was a fragmented attempt to introduce NVQs with little understanding of the requirements that would be essential for success. Consequently, the workplaces in the study demonstrated two main models of implementation - '*bottom-up*' or '*top-down*' - which were crucial in determining the success of the NVQ as manifested in progression rates and effects on workplace practice. As the study developed, it became evident that the assessment centres and the small workplaces existed in a '*cycle of dependency*' with larger organisations for their financial security. These three models will be explored further.

6.6.1 The 'bottom-up' approach

The model of NVQ implementation observed in five of the seven workplaces was a 'bottom-up' model, that is, the NVQ was introduced to the candidates before the occupational standards had been evaluated with respect to the working practices of the workplace. No mapping of the standards against usual care procedures had been undertaken by the managers in order to audit training requirements or to determine the effect of any potential changes to working practice on staff, clients and the working environment. As a result, any changes tended to be at an individual candidate level rather than workplace practice level.

Despite using the 'bottom-up' approach to implementation, managers still reported the expectation of NVQs impacting on the quality of care across the workplace. Yet for

most of these workplaces, any change was expected to be brought about by the least qualified person (the candidate) in the workplace and it was hoped that changing their working practice would affect the rest of the workplace staff. However, most workplaces only had one or two registered candidates at any one time.

The managers/owners were the only people capable of resourcing any changes in the workplace either financially or procedurally. Without their support, the NVQ could not impact on the working practices of all the staff. The complexity of the occupational standards generally resulted in the assessor being the only person who could guide and interpret the standards for the candidate. If a manager was ignorant of the system, resourcing assessment time was not considered properly and the lack of integration of the NVQ standards into the everyday practice of the home meant that planning and feedback took much longer because issues around practice in the workplace needed to be resolved.

> '*I'm in the middle and I knew that right from day one. I'm not getting any support from the manager. She was asked to do it* (become an assessor) *as most of the other managers are doing it* (within the national charity network). *She said you must be joking! That's it - end of story.'*
>
> (Assessor, Workplace E, Voluntary sector).

6.6.2 The 'top-down' model - introducing an NVQ culture

The opposite implementation approach involved a 'top-down' model. In this case, the standards were an effective tool for the manager to use to design procedures for *all* staff to use whether NVQ candidates or not. When policies and procedures were written around the NVQ standards, all staff had the potential to perform correctly as well as functioning to a national quality indicator. The standards then became an in-house quality indicator and a reference tool for the assessors and candidates to use for planning, assessment and underpinning knowledge checks. Practice and therefore

assessment were theoretically quicker and more cost-effective because all activities in the workplace were to national standards and candidates could collect evidence in the normal process of performing their work

Workplace F demonstrated, effectively, the merits of developing an NVQ culture. The owner was committed to raising the quality of care by using the NVQ standards to design procedures and policies which encouraged staff to see the NVQ as a very positive tool. Undertaking an NVQ was considered valuable to the candidates and other staff employed in the home. All staff were involved in training. All training was designed with the NVQ standards in mind so new staff were inducted to practice that mirrored the requirements of the NVQ. This allowed easy progression on to the NVQ when the manager decided to register a new candidate. The manager had provided a designated NVQ area, had purchased resource books and designed underpinning knowledge material for the staff to use on an 'open learning' basis and when staffing allowed, provide in-house training.

She was happy for staff to use quiet times for NVQ work and regularly set targets for achievement. In the presence of this clear commitment and investment by the manager/assessor, the candidates were happy to use their own private time to collect evidence for the NVQ because they felt the qualification was useful for themselves personally. There was no animosity from the other staff who were not involved in NVQ as they knew that they would be offered the opportunity to undertake an NVQ themselves.

At the other extreme, workplaces which had adopted NVQs without thought or prior planning lacked a developed NVQ culture. Resources or specified work areas for the

candidates were rarely provided. Assessment time was not regularly allocated and many candidates felt guilty about requesting time with their assessor. Without this time, they were unable to progress because all the candidates needed assessor input. Unless the candidates saw the qualification as being useful to them personally for progression purposes, they were unwilling to do any NVQ work at home in their own time. Most felt that if it was to benefit the workplace, time should be given at work. This feeling was strongest for the mature candidates with lengthy care experience.

The characteristics necessary for successful implementation of NVQs are summarised in Figure 6.1. on the following page.

6.6.3 The Dependency Cycle

During the study, it became evident that many of the centres and workplaces were financially dependent on other larger units, for example, grant giving bodies, for their survival and stability. Assessment centres depended on funding relationships in order to subsidise their costs and make them competitive while workplaces needed recognition and regular placements of clients by social services if they were to remain in business. Within the workplaces, financial insecurity resulted in managers being dependent on recruiting and retaining staff who were willing to work for low wages. However, for some employers this meant continual turnover of staff and a lack of continuity in care. The degree of dependence varied with geographical position and number of competitors in the area, and also the financial well-being of the grant controller in the area. Survival and security seemed to be fragile parameters for the small workplaces. Their dependency on grants, numbers of clients and recruiting staff left them unable to predict their viability proactively.

Implementation Success (Top-down)	Implementation Failure (Bottom-up)
NVQ culture • learning resources • learning workspace • UPK training if needed • Regular planning and assessment • supportive peer group • regular time for NVQ at work • more than one assessor in workplace • more than one candidate in workplace	*No culture* • no resources • no workspace • no UPK training • no NVQ planning • animosity from colleagues • no time allocation • gaps in assessment • not committed to training • assessor also owner/manager • only candidate in workplace
Assessor confident, knowledgeable	Assessor lacks knowledge and ability
Candidate ownership • induction • chooses to participate • understands NVQ format • proactive in NVQ process • willing to invest own time	*Candidate ownership* • no induction • no choice • no familiarity with the standards • not involved with assessment process • unwilling to invest own time
Candidate motivation • wants progression • ensures progress	*Candidate motivation* • not interested in progression • not committed to NVQ
Management involvement • supportive, values NVQ • recognition of success • NVQ relates to job role • enjoys developing staff	*Management involvement* • not supportive or seen to value NVQ • does not recognise achievement • NVQ does not relate to candidate's job
Progression pathway within workplace	No progression pathway at work
Assessment centre support • meetings • standardisation • accurate information	*Assessment centre support* • no support • incorrect advice

Fig. 6.1 Factors affecting implementation of NVQs

Because of these insecurities, training issues were implemented erratically, despite the need to be seen to be investing in training in order to gain status with the bodies that allocated money. Decisions about training meant expenditure in an environment with limited and uncertain budgets. The financial fragility had consequences for the quality of assessment, progress rates and standardisation issues. With concerns for survival being paramount for many of the workplaces, financial issues were uppermost in the managers' minds. As a result of this, training tended not to be a priority when staff jobs were under threat. The motivation to adopt and implement NVQs successfully was reduced because of a lack of legislation and central funding provision to ensure mandatory NVQ implementation as a quality indicator within both statutory and non-statutory organisations. Because care workers are not required to be qualified before taking up employment, there is a ready reserve army of mainly female workers who are willing to work unsociable hours for low wages in line with their other domestic commitments. The interrelationship between these factors has been represented in figure 6.2 - the Dependency Cycle.

6.7 Summary

This chapter has reviewed the main findings from the qualitative study by examining the emotional experience of undertaking NVQs, the findings relating to the main research areas - progress, progression, standardisation and finance - and the models identified in the overview of the findings - the 'bottom-up' and 'top-down' implementation models and the 'dependency cycle'.

The study was undertaken in small workplaces which typically had no extra financial support to enable training to be undertaken in a regular way. By the nature of the size

The Dependency cycle

The financial situation varies with geographical area and local authority variations in implementing the NHS and Community Care Act 1990. Annual Community Care Plans have to be produced by Social Services Departments in conjunction with other agencies. The purchaser/provider divide has resulted in a dependency relationship between the statutory agencies and the voluntary and private sectors.

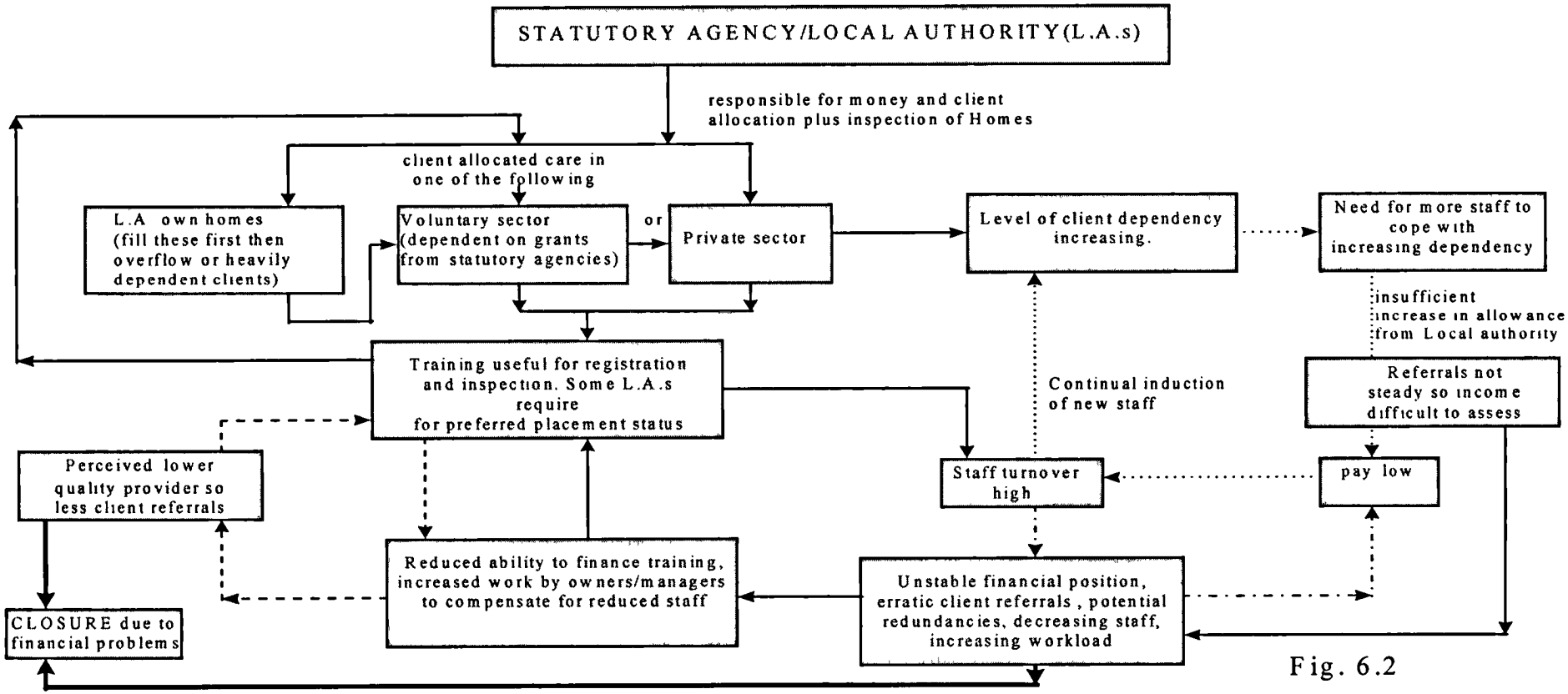


Fig. 6.2

and make-up of the workplace organisation, regular 'time-out' was problematic for all the workplaces because the clients' needs remained the priority. The difficulties of facilitating a satisfying experience by regular time provision and support were mainly structural in their origins and under the control of the workplace manager. The candidates had very little power in instigating NVQ events because the dual role for most of the assessors, that of owner/manager as well as assessor, resulted in the candidates feeling that it was not their position to 'push the boss'. Also the perceived complexity of the standards resulted in a lack of understanding by the candidates who felt unable to lead the NVQ without detailed input from the assessor. This delayed progress for most of the participants.

The presence of an NVQ culture was crucial to the success of NVQ implementation in the workplace. If candidates were aware of a commitment by their manager to encourage and value the NVQ process then they were more positive about the NVQ experience and more tolerant of the inevitable gaps that occurred in assessment because of workplace care requirements. In workplaces without a developed NVQ culture, any slowness of the NVQ progress resulted in reduced motivation, lack of confidence and reduced credibility of the NVQ for all involved. This general dissatisfaction then led to the NVQ being considered expensive, inappropriate for experienced workers and of little value for progression. However, the concept of a qualification that could be gained in the workplace was accepted favourably and most candidates felt that it was a good way of offering qualifications if the assessment time was resourced appropriately.

The lack of support and adequate information from the awarding bodies at the time of implementation had resulted in centres developing a variety of methods for evidence provision and quality assurance monitoring. This had consequences for the cost of the

NVQ, transferability between centres and ultimately the credibility of the award. Standardisation issues were a major concern for assessment centre managers, workplace managers and assessors.

Despite the workplace manager controlling most of the structural issues, resolutions to the problems depended on financial planning. The dependency relationship with the statutory services led to unstable financial equilibrium for most of the workplaces who were unable to plan long-term because their income was client related and unpredictable. In this climate, training and assessment were often the first things to be compromised when working arrangements were complicated. Motivation alone was not sufficient to enable successful outcomes because small numbers of staff, varying dependency levels of clients and the personal and domestic commitments of the mature workers interfered with the best planning arrangements.

To complicate the system further, the quality control and presentation of NVQs was variable both on cost and standards and had consequences for the employer looking to invest in a training programme for her staff. The 'national' nature of the NVQ was in question. For many employers, and most certainly for the small workplaces, financial issues gained more priority in the decision about training than the quality assurance of the qualification. Most managers had expected that this was ensured by NCVQ and the awarding bodies until they became part of the system. Variations in cost, external verifier requirements and evidence requirements alerted the managers to the fact that competition across awarding bodies and centres was not conducive to the implementation of a national, consistent standard of assessment.

The lack of central funding to assist with replacement and training costs, restricted NVQ activity in many areas and for some resulted in less than thorough assessment practices. This meant that the initial expectation of changing care practice across the workplace was unachievable because of a lack of investment in restructuring procedures and an inability or unwillingness to offer effective training to all staff. Also, the assumption that workplaces undertaking NVQs would have some knowledge of the NVQ standards was not supported in some of the workplaces despite the period of time they had been 'active' with NVQs. Stating that NVQs were being offered in the home did not necessarily mean that the candidates knew what they were or that practice in the home was to NVQ standards - and important point for inspection authorities. The next chapter will review the study and discuss the findings in relation to the research focus and literature reviewed earlier in the thesis.

Chapter 7 Summary and conclusions

The study explored the implementation of NVQs in the small business sector using the independent residential care sector as a case study. Small businesses were of particular interest because of their growth in the economy (DTI, 1996), their dependency on larger organisations and the fact that they often employ part-time workers (Hewitt, 1997) who are usually female (CBI, 1994a) with limited access to training. Coupled with the government's wish to encourage small businesses to adopt NVQ training (DTI, 1996), the findings from the year-long study were useful in assessing the practicability of implementing the new NVQ strategy in very small workplaces. This chapter will review the study in relation to the methodology used, the focus of the research and the available literature. Finally, the conclusions of the study will be discussed along with recommendations to improve national policies to aid implementation in small organisations.

7.1 Reflections on the Methodology

The decision process behind the type of methodology and the selection of research tools was explored in Chapter 5. There, I commented on the self-selecting nature of the participant workplaces and centres and my exploitation of opportunistic contacts which could be considered weak aspects of the study methodology. However, the approach conformed with the advice of Buchanan et al. (1988) who recommended the strategy of exploiting whatever networks you can to gain access. By using professional contacts, my credibility was assured to the participants who would have taken much longer to convince if I was unknown to them. As a result, the study was completed within a realistic time framework and my concerns about gaining access were unfounded.

Oakley (1993) and Finch's (1993) comments regarding the acceptability of a female researcher by women were supported strongly. As the research developed, and therefore trust increased, I was able to obtain a depth and richness of data which I had not anticipated. Everyone was keen for the research to proceed in the hope that their experiences of the NVQ process could be improved. However I feel that my gender, age and past experience had much to do with improving my perceived credibility (Punch, 1986; Bulmer, 1988; Silverman, 1993; Marshall H, 1994). All of the participants were female, all needed a supportive approach to encourage disclosure and all hoped to be able to get some help in return for access.

The research agreements made with all the participants at the start of the study proved very valuable particularly with candidates who often displayed negative emotions and regularly referred to the agreement to confirm confidentiality. I feel without the use of 'formal' agreements there would have been limited disclosure on some personal and workplace issues. By detailing a code of practice before the study started, particularly within a group with little power, I feel that I prevented the study data being potentially compromised at a later date if participants felt uncomfortable. This study therefore does not support the concerns of Singer (1978) and Kimmel (1988) that informed consent can limit participation.

A number of issues arose as an inevitable consequence of the chosen methodology and type of workplaces in the study. These affected the rate of progress of the research and, in the 'real world', would have impacted on the cost of the study. Firstly, despite using a network of colleagues for initial access, ongoing contact with those involved in the study was a time consuming process as anticipated because of the working arrangements in the homes. Consequently, the need to be flexible in agreeing interview times often

prevented efficient working practice for myself because reflective, research time was broken up by the need to accommodate workplace requirements which led to some personal frustration. My experiences supported the cost and slowness attributed to the case study approach which Stake (1995) and Deem (1998) discussed.

Secondly, interviews were frequently disrupted because of work demands though this process did allow me to see the difficulties and frustrations involved with assessment within the workplaces which were reported to mirror this pattern. While useful for the study, care had to be taken in interpreting the emotions of the interviewees at this time by exploring the relevance of my observation to their normal experiences. For example, one interview with an assessor/home owner took nearly 2 hours instead of the planned 30 minutes because she had to deal with an unanticipated management problem. Invariably the stress of the incident shaped her perception of the importance of NVQs when we resumed the interview! The ability to observe the stress of daily management activities added valuable data to the interview material and supported Hammersley and Atkinson's (1983) recommendations that observing the social context is a crucial part of the interview process.

While the pattern of interruption and distraction did not prevent participants from encouraging my visits, it was very difficult to relax during the interview time because I was aware that those involved had other tasks that were distracting them. Some interviews took place in the duty room in the centre of the work area so clients were visible. Participants disclosed their conflict between 'time out' to undertake NVQ work and their guilt at not providing care to the clients at the same time. This reinforced my concerns and I remained acutely aware of my time also distracting them from their normal duties - a feeling that did not reduce as the year progressed. While there was no

way round the work requirements, sometimes I felt the time was rushed and disclosure was limited because of a need to 'clock watch'. Any 'unfinished business' at the interview was noted in the field notes and resolved by either phoning the person soon after the interview or by 'follow-up' at the next interview. While not ideal, by being meticulous in making notes, I felt I avoided too many missed opportunities.

I considered the possibility of arranging interviews during 'off-duty' time and sometimes this was the case. However, many carers wanted to leave the workplace at the end of their shift because of domestic commitments. Another option was to interview at the candidates' and assessors' homes as with Ganderton-Spencer's research (1996), but this was not offered by the participants and I did not encourage it for a number of reasons: the suggestion could be seen as invasive unless the opportunity was offered by the interviewee; I would have been less comfortable undertaking the field work for reasons of personal safety because I was in unknown geographical territory; and not visiting the workplaces would have prevented me from seeing the culture and interaction of the people in the workplace which provided useful data.

Despite these issues, the research methodology was effective in obtaining the qualitative data required for the study. However, I feel the quality of the data could have been improved by a number of modifications to my approach:

- Observing the interaction of the participants with the clients in order to assess the quality of care practice in relation to the NVQ process in the workplace would have given breadth to my observations and discussions. However, this would have required more time from the workplaces which were already struggling with staffing issues. Also, very little NVQ assessment was taking place so a request to observe might have caused stress or resulted in assessment being artificially 'staged' for my benefit.

- It would have been useful to have the opportunity to interview candidates and assessors who had left the workplace during the period of the study. This would have allowed me some insight into the value placed on the NVQ experience and whether any negative NVQ experiences had supported their decision to leave. I did attempt some follow up but phone calls were not returned and the workplaces did not have new contact details.

To summarise, the findings of the study were limited in that the sample interviewed was small; the participating centres and workplaces were self selecting to some extent; and only one geographical area and occupational sector was explored. One could argue that this limited the generalisability of the findings to other care establishments in other areas of the country or to small businesses in general. However, the literature in professional journals, discussions with professionals at national conferences and informal chats with assessors at regional meetings supported the findings in this study. While the care sector has certain anomalies which might affect training issues, for example, shift work; 24 hour working patterns; and a need to work flexibly because of the client's needs; many of the findings were similar to those reported in the generic literature review with respect to implementation issues. These will be discussed when reviewing the research focus. Consequently, I feel that a large part of the study is generalisable to other small workplaces regardless of occupational sector.

7.2 Future research

As a consequence of this study a number of future research areas can be identified:

1. Research needs to be conducted following the introduction of the new occupational standards in 1998, in order to evaluate their effectiveness with respect to implementation, consistency of assessment and the ability to standardise the NVQ.

2. It would be useful to carry out a large scale survey of non-statutory residential homes to determine the number of homes that have or have not adopted NVQs and the reasons for their decisions. This data is not available at present but would be useful in determining whether NVQ adoption has any impact on marketability, quality of care and industrial relations. The findings might highlight any differences based on size of workplace, assessor background, awarding body and the ability to access external funding.

3. A longitudinal study should be carried out to determine the usefulness of the NVQ for candidates with respect to progression pathways, for example access to Higher Education, as well as personal development and impact on care practice. There is little evidence of national data collection being carried out in this field at the moment.

4. Extension of this study would provide a useful insight into the variations between awarding body practices within a given occupational area; performances between assessment centres financed in different ways; differences in progress rates between statutory agencies and non-statutory agencies and the impact of designated training allowances and training departments on targeting progress.

While it would be useful to obtain quantitative data on the above to support generalisability, I feel it would be equally important to undertake some qualitative follow-up work in different sectors in order to develop a broader understanding of the experiences of the candidates and assessors who are the crucial participants in the success or failure of the NVQ process.

7.3 Revisiting the focus of the research

In the introductory chapter (section 1.5) a number of lines of enquiry were outlined as the focus of the research under the broad headings of : factors affecting progress; progression pathways to further education or workplace recognition; how

standardisation was addressed by awarding bodies, assessment centres and practitioners; and the effect of costs on the implementation of NVQs in the workplace. By the nature of carrying out further reading and reviewing data through an iterative process, the foci were reviewed and extended as appropriate as the study developed. The following sections will revisit the findings and discuss the relevance to the wider NVQ literature.

7.3.1 Factors affecting progress

The examination of the literature revealed a number of factors affecting progress for candidates undertaking NVQs which mainly involved the awareness and commitment of the manager. For example, the motivation of the manager in deciding to implement NVQs (Callender, 1992; IFF Research, 1996); the quality of the information available in aiding the decision (Spilsbury et al, 1994; Winterton and Winterton, 1995); the level of the manager's understanding of the process (Callender et al, 1993; FEFC, 1994; Spilsbury et al, 1994; Toye and Vigor, 1994); the perceived credibility of the NVQ (Callender et al, 1993; Spilsbury et al, 1994; Field, 1995); the perceived relevance of the standards to the workplace (Callender et al, 1993; CBI, 1994b; Spilsbury et al, 1995; Beaumont, 1996) and the cost involved in implementing the strategy (Callender, 1992; Callender et al, 1993; DfEE, 1995; Spilsbury et al, 1995; Beaumont, 1996) were all reported to affect the investment in assessment time, resources and replacement costs.

While most of these reports involved work with large organisations, their findings were supported by this study (see Fig. 6.1). The managers in workplaces A, B, C, D, E and G had implemented NVQs for a small number of staff within the workplace for vague reasons relating to improving their marketability with fund holders or improving the quality of care in the workplace. They reported that they had received incomplete and inappropriate information from awarding bodies and assessment centres with respect to the costs involved in implementation and the process of assessment. Consequently, the

framework of support within the workplaces was poor because the process was not understood; only a limited number of staff members were involved with the NVQ which prevented peer support; resources to facilitate assessment were inadequate; and therefore progress was delayed. The consequences of poor implementation resulted in some managers doubting the credibility of the NVQ system and the value of the qualification. Because these managers devalued the NVQ, they reported that the NVQ was not relevant to their workplaces because it had no impact on the quality or delivery of care. However, this had much to do with the lack of effective implementation - for example, managers in workplaces A and B had not introduced the standards to their candidates who had, therefore, no means of working towards the occupational competences; and the managers in workplaces C and E had no involvement with assessment. Despite the lack of support in workplaces D, E and G, either in time allocation or in the attitude of colleagues not involved in the NVQ process, the NVQ was considered valuable by the assessors and candidates because the quality of care was improved.

Workplace F was the only home that demonstrated successful implementation as detailed in Fig. 6.1. The adoption of an NVQ culture throughout the organisation was reported to affect positively the progress rates, candidate satisfaction and quality of care practice. The manager planned to offer all staff the opportunity to undertake an NVQ. Since a large number of her employees were involved with the NVQ process, this encouraged a positive attitude to the assessment process and provided peer support for the candidates. The study findings supported the positive effect of a pre-existing training culture on the effectiveness of NVQ implementation (Callender et al, 1993; Hales et al, 1996; Hyland and Matlay, 1997).

Managers in workplace D, F and G who had adopted NVQs reported improved practice and motivation of the workforce which supported the literature findings (Unwin, 1991; Callender et al, 1993; Joseph Rowntree Foundation, 1994; Hales et al, 1996; IFF Research Ltd, 1996). However, the 'flat' organisational structure in the very small businesses resulted in most managers, apart from the manager in workplace F, reporting that candidates were likely to experience little reward, either financially or by promotion, for completing the NVQ which reduced the motivation to progress.

Small business employers had further issues to address in that: most lacked designated training departments; assessors were often managers who were involved in hands-on work as well as management issues (Kelly, 1990; Young, 1994; Field, 1995); and the size of the workforce reduced the ability to arrange external training. In care, this was further complicated by the nature of the working arrangements. The common problems of lack of time (Hyland and Matlay, 1997); complex standards and jargon (Toye and Vigor, 1994; JAB, 1994; Beaumont, 1996; Sims and Golden, 1996); the inability to access assessors (JAB, 1994); the amount of work imposed on the assessor because of the NVQ process (Raggatt, 1994; Toye and Vigor, 1994; Wolf, 1994; Payne and Hobbs, 1995; Sims and Golden, 1996; Eraut et al, 1996); and a general lack of resources were exaggerated for participants in small workplaces. Assessors in all the workplaces were multiplexing a number of job roles and those who were owner/managers (workplaces A, B, D and F) often prioritised business needs above training because of the unpredictable financial environment within which they functioned. Only workplace G accessed extended external training as part of their assessment centre's induction programme. The remaining candidates had no external opportunities, apart from an induction day for workplaces C, D, E, and F through their assessment centre. Workplace F was the only place to provide a resource area for NVQ work.

The smallness of the workplaces resulted in few staff being on duty at any one time; shift patterns prevented regular meetings; and staff needed to be flexible to cover sick leave and annual leave which resulted in NVQ work being given lower priority than care tasks. Lack of numbers of staff limited 'time out' opportunities for planning, assessment and feedback. These problems were experienced by all of the workplaces regardless of their motivation and investment in the NVQ process. The care standards were considered to be complex by all the participants which resulted in the majority of candidates being unable to lead the NVQ without assessor input. Because of the difficulties of taking time away from the workplace, all the assessors reported having to carry out the NVQ administration tasks during 'off duty' time which reduced the motivation to arrange assessment. Only the assessor/owner in workplace F was supernumerary. The remaining assessors were part of the workforce providing direct care.

Studies by JAB (1994) and Payne and Hobbs (1995) found that some care assessors lacked a sufficient knowledge base for the occupational area which was related to the traditional lack of qualifications in the sector. This was not appropriate to the assessors in this study as most had a professional background. However, assessors in workplaces A, B, C, D and E reported that gaps in assessment reduced their confidence in working with the NVQ administration requirements which affected progress. Finally, incompetent assessment by assessors also had consequences for standardisation which further affected progress rates and reduced the motivation of the candidates.

The literature review had shown that candidates were generally enthusiastic about the opportunities provided by the NVQ (Toye and Vigor, 1994; Hales et al, 1996; Callender, 1997) though in this study, unlike the findings of Toye and Vigor (1994) and Winterton

and Winterton (1995), only six of the fourteen candidates expected to use the NVQ for improving their job prospects. This lack of expectation limited the motivation and willingness of the maturer candidates to invest time and energy in the assessment process. This had consequences for their progress rates. It was mainly the younger candidates in workplace F who had ambitions to undertake a level 3 qualification after completing their level 2 in the hope of accessing social work training. However two of the three candidates left the workplace before completing their NVQs.

Winterton and Winterton (1995) and Callender (1997) found that NVQ marketing had been misleading for candidates and Toye and Vigor (1994) and JAB (1994) confirmed the need for some candidates to use personal time for NVQ work which was found to be a barrier for some mature candidates (Callender, 1992; JAB, 1994; Morrison, 1996; Hyland and Matlay, 1997). Payne (1990), Kelly (1990) and Chapman (1997) discussed the 'new managerialism' evolving because managers controlled the level and endorsement of the candidates' NVQs. This was demotivating particularly if the candidates felt the NVQ was inappropriate for their job role and experience. These findings were confirmed by the study. The candidates in workplace A and B reported incorrect information about NVQs and the process of assessment; those in workplaces A, D, F and G reported using their own off-duty time for NVQ work; the majority of candidates reported that they did not feel that they were part of the assessment process; all the candidates reported that they did not have any choice about the NVQ they undertook; and most felt demotivated by the slowness of their progress.

The candidates in the study were undertaking NVQs, mainly at level 2, despite some of them having extensive care experience. This fitted with the gendered image of care work which results in low status for the work and a tendency to offer training at the

lower ends of the NVQ market (Felstead et al, 1995; Field, 1995; Robinson, 1996; Callender, 1997). However, the severity of the negative feelings experienced by candidates who were not progressing was not represented in any of the literature reviewed. Ineffective induction and implementation had a demoralising effect on the relationships in the workplace with candidates developing feelings of guilt, low self esteem and feeling 'let down' by the manager/owner because of their inability to progress and obtain the promised qualification.

7.3.2 Progression

The study demonstrated that for most of the candidates with previous care experience, the NVQ was being used to confirm skills with little opportunity for further training being offered in association with the qualification. This finding corresponds with the studies by Day (1993) and Ganderton-Spencer (1996). Within the care sector, the use of NVQs is not routine for extending skills; promotion or recognition within the workplace; or for accessing further or higher education. As discussed in the previous section, little external training was accessed and the assessor took responsibility for giving the limited training provided. As highlighted in the JAB report (1994), no recognition in the form of pay differential or promotion was encouraged by the majority of the managers in order to avoid possible conflict within the workplace. Spilsbury et al, (1995) and IFF Research Ltd.(1996) reported contrary findings in their studies. However, their work tended to involve larger organisations with more potential opportunities for progression.

Only workplaces F and G expected to offer further NVQ levels to successful candidates. However, the national organisation associated with workplace G decided to withdraw NVQ training as a policy decision towards the end of the study. For the remaining workplaces, the flat internal staffing structure prevented progression - an area which

Beaumont (1996) highlighted as of concern. Thompson (1997) and Snell (1997) found little evidence of parity between NVQs and other qualifications for applicants to nurse training. As discussed earlier, only a few younger candidates in this study hoped to use the NVQ towards accessing further training so actual application experience was not an aspect of the study.

7.3.3 Standardisation

To remain credible, the NVQ process must offer a standardised qualification that can be valued nationally. The literature review demonstrated that assessors were unable to interpret their role at a national level (Wolf, 1995; Murphy et al, 1995; Eraut et al, 1996). This was further complicated within the care sector by the addition of the value base unit within the standards (CCETSW, 1992a; JAB, 1994; Day, 1995). Much of the assessor's judgement was found to depend on their previous professional experience (Murphy et al, 1995; Povey, 1995; NCVQ/SCOTVEC, 1996) and their subjective interpretation of the candidate-assessor relationship which had consequences for the reliability of the assessment process and the validity of the NVQ (Callender, 1992; Murphy et al, 1995; Eraut et al, 1996). While Wolf (1994) and Hevey (1996) supported the beneficial aspect of assessor flexibility, Murphy et al. (1995) and Eraut et al. (1996) found that the subjectivity of the assessors had implications for standardisation. The inability of assessors to implement the NVQ assessment requirements consistently, led to the Raggatt and Hevey (1995) report on sufficiency of evidence.

The study findings supported the literature in a number of ways. Assessment centres had developed their own evidence systems. These varied significantly on quantity, methodology and thoroughness. This had an impact on the overall cost of assessment, the quality of the NVQ and the transferability of candidates across centres. Consequently, managers were disillusioned with the variations in practice witnessed

across centres and questioned the credibility of the qualification - a concern noted by JAB (1994) and Beaumont (1996). The use of the standards checklist (see Appendix F) demonstrated that assessors were interpreting evidence requirements incorrectly. This was evident in a number of ways: short-cutting assessment practice in order to improve progress rates; not planning assessment or giving feedback appropriately; varying the amount and quality of written evidence and observation provided; avoiding the integration of the value base within assessment; and not facilitating candidate involvement in the process. Assessors were unable to be objective in their assessments and utilised previous perceptions about the candidates' work performance when judging practice (see Appendix G). Their expectations of the candidate varied with age and past experience and often decisions were based on the assessors' assumptions about workplace needs rather than NVQ standards which were not openly assimilated into the assessment process (ibid.).

While the study findings were very similar to the literature, the smallness of the workplaces and the fact that there was often only one assessor and one or two candidates at any given time in a workplace, resulted in an inability to share ideas, concerns and interpretation of standards. For the small workplace assessors, the internal verifier was the only person available to assist with problems. Often, this resulted in some delay because of the difficulties of contacting the internal verifier who worked elsewhere. Consequently, assessors made their own judgements on the standards requirements which were sometimes inaccurate and non-standard.

The credibility of any qualification depends on the validity, reliability and consistency of the product. The literature review demonstrated a number of quality assurance concerns with the NVQ system. External verifier practice was found to be inconsistent

(Bailey, 1994; Murphy et al, 1995; Beaumont, 1996; NCVQ/SCOTVEC, 1996) - a finding which was supported by all three assessment centre managers in the study who reported 'mixed messages' from EVs both within and across awarding bodies. The trend towards target driven agencies was reported to affect quality assurance (Field, 1995; Murphy et al, 1995; Wolf, 1995; Beaumont, 1996; Hyland, 1996; Robinson, 1996; Stanton, 1996) - a concern which was voiced by all the centre managers and some of the workplace managers in the study.

Market forces and the gradual expectation that colleges should become more involved in NVQ assessment, has resulted in many new centres being accredited in the last few years (JAB, 1994; Young, 1994; Clough, 1995). Through FEFC funding and TEC support for private training agencies, these centres have been able to offer cheaper packages for candidates; faster completion times because of the target driven approach; and therefore what appears to be a more cost effective, attractive arrangement. However, Peregrine et al. (1994) and Eraut et al. (1996) discuss the fact that the variation in centre models has led to some concerns about reliability and validity of the NVQ. Another consequence of the financial subsidy to these centres is that non-subsidised centres that have specialised in supporting mature workers are no longer able to compete effectively in the market place in their own right. To survive, they have to consider franchising arrangements with colleges or becoming training agencies in order to access funding. As the college model gains in popularity, some centres have closed as illustrated by centre 2 within the study. However, policing the quality of the system is difficult because the growth in the market place has resulted in increasing competition between awarding bodies and assessment centres which compete for the same candidates. This competitiveness has consequences for the quality assurance that centres can realistically impose in the face of competitors.

7.3.4 Financial issues

The difficulties experienced by employers in trying to receive accurate estimates of the cost of NVQ implementation were highlighted in the literature review. Studies demonstrated that employers were reluctant to adopt a new qualification with an unknown cost attached to it (Callender et al, 1993; Spilsbury et al, 1995; Field, 1995; Beaumont, 1996; NCVQ, 1997a). Costs depend on a number of variables - for example, on whether a training culture and training department already exists; how many staff are to be trained; how many assessors exist in the workplace; registration and verification costs; and the unknown costs relating to individual candidate needs, release time for assessment and any training required.

Despite the smallness and financial instability of the workplaces in the study, cost did not prevent the adoption of NVQs. Other motivating factors took priority, for example, the potential need to be seen to be offering NVQs as part of the registration process or the hope of improving quality. However, most managers felt that NVQs were not a cheap option and reported that the initial information available from NCVQ was misleading because it implied that NVQs would be straightforward because assessment would be 'on the job'. Consequently, the majority of managers (all except workplace F) were only willing to finance a few candidates at any one time. Their concern with the costs involved resulted in a tendency not to facilitate progress because of the need to finance replacement costs, training and assessment time. This lack of progress reinforced the idea that the NVQ was expensive because the participants saw no advantage to themselves or the quality of care. Only workplace F had implemented NVQs using a 'top-down' approach whereby all staff were expected to have the opportunity to undertake an NVQ. The workplace manager reported that the cost of effective implementation was balanced by the improved quality of care and the ability of

the care workers to become reflective practitioners in the workplace which was similar to the findings made by Callender et al, (1993); Hales et al, (1996); and IFF Research, (1996).

None of the workplaces in the study had been able to access external funding to assist with implementing NVQs in the workplace. Some had tried to obtain local TEC money but had been unsuccessful. The priorities for TEC support tended to concentrate on training a key worker who would then be responsible for cascading NVQ implementation in the workplace. However, this was not appropriate for very small workplaces which only needed one assessor. All the workplace managers felt that they required some assistance with training costs at a time when their own finances were unstable as discussed by Hyland and Matlay (1997). Despite this, I was unable to find any direct relationship between cost and willingness to invest in training. One assessment centre (centre 1) charged a very small amount for registration and assessor training, yet the workplace managers (A and B) felt the cost was excessive and were negative about the NVQ. However, this probably related to the ineffective implementation process they had experienced. Centre 2, which had to be self-funding, charged £180 for candidate registration and £600 for assessor training yet workplace managers continued to register new candidates with the centre despite other local centres being available and one manager in the voluntary sector did not feel that the costs were excessive. This may have been because she felt the implementation of NVQs had had an impact on workplace practice.

7.4 Review of the chosen case-study

The small independent residential care sector was chosen as the case study for the research because it demonstrated a number of characteristics of the growing small

business sector in the economy. As such, it could illustrate some of the difficulties for SMEs in attempting to implement NVQs in the workplace. While NVQs have been introduced to improve the skills of the workforce and are intended to facilitate flexibility and transferability (McKenzie, 1995; Mansfield and Mitchell, 1996), the research findings of the case-study did not support this outcome for the chosen sector. Apart from workplace F, which had invested heavily in the personal development of the candidates and the associated improved quality of care, the remaining workplaces had not been effective in implementing the occupational standards to the point where candidates had internalised the values inherent in the scheme. Therefore, transferability was a problem.

The majority of candidates were 'driven' by their assessors who often did not understand the NVQ requirements. Consequently, the standards were sometimes flouted despite workplace managers being perceived as offering a national qualification by the inspection bodies responsible for registering the home. Sometimes managers, assessors and candidates assumed that care skills were inherent because the workers were female and had experience of bringing up their families which supported the 'gendered' nature of the work (Davies, 1995; Peace et al, 1997; Lee-Treweek, 1997). While the need for an increasing skills base could be expected because the sector has had to cope with more dependent clients following the NHS and Community Care Act (1990), there was little evidence that the workers felt that (a) their skills needs had changed, (b) they required training or (c) that the NVQ had resulted in a change to their skills level following implementation.

Numerical flexibility (Casey et al, 1997) and gender employment issues within the sector were difficult to assess as aspects of the changing working patterns discussed in

Chapter 2. Care work has traditionally been performed by female, part-time employees over 24 hour periods of time by the nature of the work. However, the literature relating to peripheral workers (Lane, 1993; Hutton, 1996); family commitments (Payne, 1991; McRae, 1991); access to training (Clarke, 1991; Callender and Metcalf, 1997); and low pay (Buswell, 1992; Rubery, 1995; Colgan and Ledwith, 1996) was very relevant to the workforce. Most of the workers in this study had had little opportunity to access training (Table 5.3); had begun care work because it fitted in with their family; continued to be paid below the proposed minimum wage; and job turnover in the sector was routinely high which was reported by some managers (workplaces B and E) to reduce the motivation to train staff. However, most candidates worked part-time hours so differential access to training in comparison to full-time workers was not relevant to the study participants.

The sector has experienced a rapid growth in small residential homes over the last twenty five years in line with general trends in the development of SMEs (CBI, 1994a; DTI, 1996). Managers and owners in the study were dependent on the local authorities which regulated and subcontracted care to the sector. Consequently, they experienced the financial insecurities discussed by Scase (1995). However, it was difficult to assess to what extent small business financial insecurity limited rates of pay and working hours as discussed by Rajan et al. (1997) or was more to do with a traditional working arrangement. Rates of pay in care work were poor even when the residential home sector was considered a profitable existence for home owners and 'pay flexibility' has never been a common feature of the sector.

The sector demonstrated certain characteristics of the training habits of SMEs. Traditionally, there had not been a training route for care workers so NVQs were seen as

a useful quality tool as well as a recognition tool for the individual. However, the findings supported general concerns about poaching discussed by Lange (1994); Prais (1995); Bosworth and Simpson (1995) and Keep and Rainbird (1995). The majority of managers expected ambitious candidates to move on to other jobs upon completion because of the 'flat' internal structure and reluctance to offer promotion in-house. Managers were keen to see a return for their investment and the voluntaristic nature of training investment reduced their motivation to offer NVQs widely - a finding supported by the CBI (1994b). Managers in workplaces C, E, F and G reported that the cost of NVQs prevented colleagues in other homes adopting the qualification. Despite this perception of cost, all the employers paid for the candidates' NVQ registration. Some imposed certain restrictions on the candidates with workplaces A, B, F and G requesting a small investment from the candidate to show commitment and workplaces B and E requesting candidates to remain in employment for a specified time after completion of the NVQ. However, none of the managers felt able to implement these agreements because NVQ progress had been delayed through no fault of the candidates.

All managers had tended to offer the training to their older, long-term workers before their younger workers, unless they were on a youth training programme, which was contrary to Keep and Rainbird's (1995) findings. However, this had caused problems for some assessors and candidates. Lack of appropriate advice at the time of implementation had resulted in managers expecting to offer rapid recognition of experience to these workers. Because of a lack of understanding about the assessment process and the associated work load, progress had been slow. This delay was detrimental to their working relationship.

Manager F reported that colleagues in other homes had not introduced NVQs because they felt it was inappropriate to empower the workers to criticise practice. Similar findings were reported by Keep (1993) and Bosworth and Simpson (1995). However, some of the study managers who had implemented NVQs prevented this empowerment by controlling the occupational standards and the assessment process so candidates were denied access to the tools.

The manager in workplace B felt particularly strongly about the investment she was required to make to improve her market position with the local authority when she was not offered any financial assistance to facilitate the required training and was not promised any positive commitment in the way of increased referrals following the investment. Consequently, training was erratic because of workplace commitment to care, the financial situation at the time, and the changes in the perceived need for training. This supported the literature provided by Curran et al. (1996); Hyland and Matlay (1997); and Storey and Westhead (1997). The financial instability experienced by some of the workplaces during the period of the study resulted in training receiving low priority when survival was threatened. This was highlighted by Bates and Dutson (1995) and in discussions around short-termism by Finegold and Soskice (1988) and Keep (1993). The managers' concerns in keeping their businesses viable rather than fulfilling training promises led to some role conflict as discussed by Bates and Dutson (1995) which affected the relationship with the candidate.

7.5 Policy recommendations

The literature review and study findings demonstrated the need to address a number of issues in order to overcome some of the problems involved in NVQ implementation.

These include the following recommendations:

1. External funding arrangements based on government training programmes need to be reviewed with respect to equal opportunities for access to training. Since mature women are becoming an increasingly major part of Britain's workforce, limitations to funding based on age and hours of work are inappropriate. Furthermore, as the number of small businesses with limited resources grows, their involvement with training needs to be encouraged and the ability to access external funding would assist this.

2. Large organisations using subcontracting strategies, for example the care statutory agencies, should be obliged to (a) redirect a percentage of their allocated training allowance to the associated SMEs to facilitate an improved quality of end-product, for example care practice, by developing staff appropriately or (b) take a continuing responsibility for training.

3. If training is considered an important aspect of quality assurance within an occupational sector, for example in residential care, then legislation is needed to ensure that organisations achieve minimum training standards. Only by insisting that all workplaces follow specified training programmes will the financial concerns relating to 'poaching' of staff and the inability of local authority inspection units to enforce training because of limited resources be resolved.

4. Statutory agencies which divert responsibilities into voluntary and private organisations should ensure adequate quality control of the end result. This should involve stricter registration and inspection procedures for residential homes and the development of incentive schemes to encourage effective training of staff. The planned withdrawal of the local authority from care provision, as proposed for the new legislation, should remove the conflict of interest which presently exists whereby the local authority is both purchaser and provider.

5. The implementation of NVQs needs to be supported effectively by awarding bodies who should agree strategies together in order to standardise the

information, costs, accreditation procedures, administration requirements and verification process for the NVQ. The impact of competition versus credibility of the NVQ needs to be resolved.

6. The design of the NVQ system has allowed considerable flexibility in assessment practice which has been detrimental to the credibility of the qualification and the ability of candidates to use the NVQ for progression. Stricter and more consistent verification processes need to be introduced. The role of the external verifier needs to become one of inspecting assessment practice as well as quality control. Ideally the EV should have no allegiance to a specific awarding body so reducing role conflict.

7.6 Conclusions

The study found that the implementation of NVQs in small organisations within the care sector has been problematic. The deregulation and decentralisation of funding in education and care has resulted in a free market place where competition has replaced an emphasis on 'quality'. Target-driven agendas and policies have resulted in success being measured in 'quantity' - either in NVQ completion rates, registration rates, national education and training targets, or in the number of clients admitted to care in a cost effective way for the state. The end result has been a tension in balancing a 'quality versus quantity' approach (within a 'purchase/provider' model of resource management) with the shrinking resources available to support care provision within the legislative framework.

The findings showed that implementation was problematic even within workplaces that had developed an NVQ culture. The size and nature of care provision in very small establishments limited time, access to assessment, and the ability of the assessor to become familiar with the NVQ system because of infrequent assessment or a lack of knowledge base. The complexity of the assessment process requirements resulted in the

NVQ system being perceived as difficult to administer effectively, time consuming and limiting in personal development. However, the negative experiences related generally to lack of understanding, motivation or unwillingness to implement and value the NVQ appropriately.

Workplaces that were implementing appropriately reported that the introduction of NVQs had a beneficial effect on the attitude of the carers and the quality of their practice. However, to achieve this success, the process required a great deal of development time and motivation from the manager who was crucial in determining the success or not of the NVQ. The managers were the gate keepers for appropriate time allocation, investment in training structures and support, accessibility to an appropriate NVQ and opportunities for progression. If these were not in place then the experience for the candidates was demotivating, patronising, ineffective on their care practice and destructive on the working relationships.

Financial issues had a major impact on the acceptability of the NVQ. National policy changes had altered the business model for the small homes significantly. Many were competing for limited resources from the local authorities as a consequence of decentralisation and deregulation of funding arrangements. Under-resourcing of the statutory agencies prevented the imposition of training requirements on their dependent organisations which limited the motivation of managers to adopt training effectively because they lacked the incentives to achieve and invest appropriately. Consequently, most of the small workplaces seemed to adopt training as a token gesture towards a perceived quality assurance tool.

Increasing competition in the training market has limited the degree of quality control in the system because of the revenue implications. As a result, NVQ development in assessment centres has been variable. The resulting qualifications have lacked transferability, transparency and credibility. Concerns about credibility and 'value for money' are important aspects of understanding the reluctance of SMEs to adopt NVQs. The barriers to progress, which are similar to those reported for large organisations but are exaggerated for small businesses, are unlikely to be overcome easily if the quality of the end result is questionable. Managers are reluctant to invest limited funding resources into a system for which they have little confidence.

A number of future research projects and recommendations have been detailed which might improve the experiences of NVQ participants. Certainly in care, the concept of being able to offer a qualification that recognised the expertise and commitment of care workers was warmly received. A number of these workers had been in post for many years and had no means of proving their abilities to the outside world. Many had poor experiences of traditional education and found the idea of assessment on the job to be attractive. Successful NVQ candidates appeared confident and enthusiastic and had developed the means to become reflective practitioners. However, their experiences were only as good as their assessors and the managers who resourced assessment. The study found that without the support of the workplace manager, NVQs could not progress regardless of the degree of motivation held by the candidate and/or assessor. For some candidates who had to overcome a great deal of anxiety in order to undertake the 'new' qualification, the slowness and dissatisfaction of the NVQ has only served to reinforce their negativity about education because their experiences have been handled incorrectly. They have been left feeling guilty, annoyed and demoralised because they feel it is their personal inability to understand the system that has limited their success

rather than the assessment centre, awarding body, workplace manager or assessors' inability to implement effectively.

As an important and essential part of Britain's evolving economy, SMEs require a system of support which enables them to overcome the structural issues which limit their ability to implement training effectively within their limited resources. The expectation that a training system can be left in the 'hands' of the people with the least power and knowledge in the workplace - the candidates and assessors - with little support, minimal training for the role and little opportunity to resource 'time-out' away from work in order to facilitate the process in very small workplaces has been naive. Employers in large organisations who have: designated training departments; traditional training routes so assessors have the necessary knowledge and support for the role; and the ability to resource replacement costs for assessment are not adopting NVQs at the rate expected. How much more difficult is it to attract small employers without the ability to ensure any of the above? The study found that managers in very small workplaces were multiplexing a number of roles simultaneously within an environment where long-term planning was limited and minimal staffing levels were the norm. Training was difficult to prioritise and the 'one-to-one' model implicit in NVQ assessment within care homes remained impractical because of shift patterns and the unpredictable needs of the clients.

If NVQs are to become more acceptable to managers and to part-time, mature, experienced workers then the support they receive and the format of the NVQs must become much more user friendly, quality assured, cost-effective and valued to warrant the expense of implementation. Funding must be made available to facilitate the process and encourage employers to embrace training opportunities in order to

encourage successful outcomes at a national standard. Only then will employers be willing to invest in skilling the workforce 'for the future' and encourage lifelong learning within their workplaces.

List of Abbreviations and Acronyms

ACTAN	Association for Care Training and Assessment Networks
APL/APE	Accreditation of Prior Learning/Experience
ASCT	Association for Social Care Training
BTEC	Business and Technology Education Council
C&G	City and Guilds
CBI	Confederation of British Industry
CCETSW	Central Council for Education and Training in Social Work
CEP	Community Enterprise Programme
CP	Community Programme
CSC	Care Sector Consortium
DfEE	Department for Education and Employment
DOE	Department of Employment
DOH	Department of Health
DSS	Department of Social Security
DTI	Department of Trade and Industry
EOSC	Employment Occupational Standards Council
EU	European Union
E.V.	External Verifier
FEFC	Further Education Funding Council
GNVQs	General National Vocational Qualifications
IiP	Investor in People Award
IHCD	Institute of Health and Care Development
ILBs	Industrial Lead Bodies
ITBs	Industrial Training Boards

I.V.	Internal Verifier
JAB	The Joint Awarding Bodies
L.A.	Local authority
LASS	Local authority social servcies
LGMB	Local Government Management Board
MSC	Manpower Services Commission
NACETT	National Advisory Council for Education and Training Targets
NCVO	National Council for Voluntary Organisations
NCVQ	National Council for Vocational Qualifications
NHS	National Health Service
NHSCCA 1990	National Health Service and Community Care Act 1990
NHSTD	National Health Service Training Division
NISW	National Institute of Social Work
NSTOs	Non-Statutory Training Organisations
NTETs	National Training and Education Targets
NTOs	National Training Organisations
NVQ	National Vocational Qualification
'O' unit	Value base unit in care standards
QCA	Qualifications and Curriculum Authority
RCN	Royal College of Nursing
RDDP	Residential, Domiciliary and Day Care Projects
RWE	Realistic working environment
S.S.	Social Services
SCAA	School Curiculum and Assessment Authority
SCOTVEC	Scottish Vocational Education Council

SMEs	Small and Medium Enterprises
SQA	Scottish Qualifications Authority
SVQ	Scottish Vocational Qualification
TDLB	Training and Development Lead Body
TECs	Training and Enterprise Councils
TOPSS	Training Organisation for Personal Social Services
UKCC	United Kingdom Central Council for Nursing, Midwifery and Health Visiting
UPK	Underpinning knowledge
YTS	Youth Training Scheme

Bibliography

ACTAN, (1998), 'Proposed new National Training Organisations for Health Care and for Personal Social Services to work together on key initiatives', *Association for Care Training and Assessment Networks Newsletter,* No. 34, February 1998, p. 28.

Age Concern, (1996), *Response to Government consultation on funding long-term care,* London, Age Concern.

Argyle, M. (1988), *Bodily Communication*, London, Routledge.

ASCT, (1990), 'Joint Awarding Body' - news item, *Association For Social Care Training Newsletter,* No. 5, May 1990, p. 1.

ASCT, (1992a), 'BTEC to withdraw from Joint Awarding Bodies'- news item, *Association For Social Care Training Newsletter*, No 10 & 11, p. 1.

ASCT, (1992b), 'Integrated Awards in August', *Association For Social Care Training Newsletter*, No. 12, p. 1.

Atkinson, J. (1984), 'Manpower strategies for flexible organisations', *Personnel Management*, August, pp. 28-31.

Atkinson, J.S. and Meager, N. (1990), 'Changing Working Patterns: How Companies Achieve Flexibility to Meet New Needs'. In Esland, G. (ed), *Education, Training and Employment*, Volume 1, Wokingham, Addison-Wesley Publishing Company.

Bailey, C. A.(1996), *A Guide to Field Research,* London, Pine Forge Press.

Bailey, E. (1994), 'The process of Internal Verification and the role of Internal Verifiers in promoting Anti-Discriminatory practice' - Workshop, *ASCT Newsletter*, July 1995, p. 11-13.

Balloch, S. (1994), *Charging for Non-Residential Social Care*, Policy Briefings No.3, London, National Institute for Social Work.

Banks, R. (1995), *Effective Assessment of S/NVQs* - Paper. London, Central Council for Education and Training in Social Work.

Barnett, R. (1994), *The Limits of Competence*, Buckingham, The Open University Press.

Bates, I. (1995a), 'The Competence Movement: Conceptualising Recent Research', *Studies in Science Education,* 25: pp. 39-68.

Bates, I. (1995b), 'The Competence Movement and the National Vocational Qualification Framework: The Widening Parameters of Research', *British Journal Of Education and Work,* Vol. 8, No. 2, pp. 5-13.

Bates, I. and Dutson, J. (1995), 'A Bermuda Triangle? A Case Study of the Disappearance of Competence-based Vocational Training Policy in the Context of Practice', *British Journal of Education and Work,* 8 (2), pp. 41-99.

Baty, P. (1997), 'GNVQs fail to deliver for higher hopefuls', *The Times Higher Education Supplement,* 6th June 1997, p. 2.

Beaumont, G. (1996), *Review of 100 NVQs and SVQs,* A report to the Department for Education and Employment, Sheffield.

Beechey, V. (1987), *Unequal Work*, London, Verso.

Benner, P. (1984), *From Novice to Expert: Excellence and Power in Clinical Nursing Practice,* California, Addison-Wesley Publishing Company.

Black, H. (1994), 'Sufficiency of Evidence', *Competence and Assessment - Compendium No.3.* Sheffield, Employment Department.

Bosworth, D. and Simpson, P. (1995), 'Skills, Training and Economic Performance', *Economics and Business Education,* Vol. 3, Part 3, No. 11, pp. 103-109.

Brannen, J. (1992), 'Combining qualitative and quantitative approaches: an overview'. In Brannen, J.(ed), *Mixing Methods: Qualitative and Quantitative Research*, Aldershot, Avebury.

Brine, J. (1993), 'Women, Training and European Funding Issues', *Adults Learning*, Vol. 5, No. 3, pp. 76-78.

Britton, A.(1997), 'Full Employment in a Market Economy'. In Philpott J.(ed), *Working for Full Employment*, London, Routledge.

Brown, A. and Bimrose, J. (1993), 'Admissions to higher education,' *Journal of Access Studies,* Vol. 8, pp. 154-158.

Brown, A., Evans, K., Blackman S. and Germon, S. (1994), *Key Workers: Technical and Training Mastery in the Workplace,* Bournemouth, Hyde Publications.

Bryman, A. (1988), *Quantity and Quality in Social Research*, London, Unwin Hyman.

Bryman, A. (1992), 'Quantitative and qualitative research: further reflections on their integration'. In Brannen J.(ed), *Mixing Methods: Qualitative and Quantitative Research*, Aldershot, Avebury.

Buchanan, D, Boddy, D. and McCalman, J. (1988), 'Getting In, Getting On, Getting Out, and Getting Back'. In Bryman A. (ed), *Doing Research in Organisations,* London, Routledge.

Bulmer, M. (1979), 'Concepts in the analysis of qualitative data'. In Bulmer M.(ed), *Sociological Research Methods*, London, MacMillan.

Bulmer, M. (1982), *Social Research Ethics*, London, MacMillan.

Bulmer, M. (1988), 'Some Reflections upon Research in Organisations'. In Bryman A. (ed), *Doing Research in Organisations,* London, Routledge.

Burgess, R.G. (1984), *In the Field. An Introduction to Field Research,* London, Unwin Hyman.

Burgner, T. (1996), *The Regulation and Inspection of Social Services,* London, HMSO.

Buswell, C. (1992), 'Training girls to be low-paid women'. In Glendinning C. and Millar J. (eds), *Women and poverty in Britain - the 1990s,* London, Harvester Wheatsheaf.

Calder, J. (1993), 'Adult Learning and Success'. In Calder J. (ed), *Disaffection and Diversity. Overcoming Barriers for Adult Learners*, London, Falmer Press.

Callender, C. (1992), *Will NVQs Work? Evidence from the Construction Industry,* Brighton, Institute of Manpower Services.

Callender, C. (1996), *NVQs - The Individuals' Perspective,* Seminar Paper. The Gatsby Charitable Foundation Seminar.

Callender, C. (1997), *Individual Take-up of NVQ/SVQs - Stimuli and Obstacles*, London, Stationery Office.

Callender, C., Toye, J., Connor, H. and Spilsbury M. (1993), *National and Scottish Vocational Qualifications: Early Indications of Employers' Take-up and Use,* Report 259, Brighton, Institute of Manpower Services.

Callender, C. and Metcalf, H.(1997), *Women and Training 1997*, Research Briefs - report No.35, London, Stationery Office.

Capey, Dr John (1995), *GNVQ Assessment Review*, London, National Council for Vocational Qualifications.

Casey, B., Metcalf, H. and Millward, N. (1997), *Employers' Use of Flexible Labour,* London, Policy Studies Institute.

CBI, (1989), *Towards a Skills Revolution*, London, Confederation of British Industry.

CBI, (1994a), *Flexible labour market. Who pays for training?,* London, Confederation of British Industry.

CBI, (1994b), *Quality Assured: The CBI Review of NVQs and SNQs,* London, Confederation of British Industry.

CBI, (1995), *Realising the vision. A skills passport.* London, Confederation of British Industry.

CCETSW, (1992a), *Internal Verification Handbook*, London, Central Council for Education and Training in Social Work.

CCETSW, (1992b), *Vocational Education and Training. Code of Practice and Registration Scheme.* Paper 29.5. London, Central Council for Education and Training in Social Work.

CCETSW, (1994), Address by Richard Banks, *Association for Social Care Training Newsletter*, July 1994, p. 5

CCETSW, (1995a), 'Why thousands more workers should join the revolution', *Association for Social Care Training Newsletter,* No. 25, September 1995, pp. 17-18.

CCETSW, (1995b), *How to qualify for social work, 1996-1997 handbook.* London, Central Council for Education and Training in Social Work.

Chapman, P. (1992), 'The Great Divide: A View from the Other Side', *Association for Social Care Training Newsletter*, No.10 & 11, pp. 9-11.

Chapman, P. (1997), 'A Snapshot in Time', *Nursing Times*, Volume 93, No. 3, pp. 26-28.

City and Guilds, (1992), *Guidance on Approval of Assessment Arrangements*, London, City and Guilds.

Clarke, K. (1991), *Women and Training: a review* (Series no 1), Manchester, Equal Opportunities Commission.

Clough, B. (1995), 'The TUC and NVQs'. *NVQ/SVQ Focus and Care Standard,* Vol. 2, Issue 6, p. 39.

Coates, G. (1995), 'Is this the end? organising identity as a post-modern means to a modernist end'. T*he Sociological Review,* Vol. 43, No. 4, pp. 828-855.

Coats, M. (1992), 'Women's Education. The Background to Our Achievements'. *Adults Learning,* Vol. 3, No. 10, pp. 257-259.

Cockburn, C. (1988), 'The gendering of jobs: workplace relations and the reproduction of sex segregation'. In Walby, S. (ed.), *Gender Segregation at Work.* Milton Keynes, Open University Press.

Colgan, F. and Ledwith, S. (1996), 'Women as organisational change agents'. In Colgan, F. and Ledwith, S. (eds), *Women in Organisations - Challenging Gender Politics*, London, MacMillan Business.

Connor, A. and Squires, K. (1995), 'Peripatetic Assessment', *NVQ/SVQ Focus and Care Standard,* Vol. 2, Issue 10, pp. 33 and 39.

Crompton, R. and Jones, G. (1988), 'Researching white collar organisations: why sociologists should not stop doing case studies'. In Bryman, A. (ed), *Doing Research in Organisations*, London, Routledge.

CSC, (1991), *Statement of intent on Equal Opportunities.* Fact Sheet. London, Care Sector Consortium.

CSC, (1993), *Barriers to Access to Scottish and National Vocational Qualifications,* London, Local Government Management Board.

CSC, (1995), *Review of the Care Sector NVQs and SVQs*. Briefing Note, London, Care Sector Consortium.

Curran, J., Blackburn, R., Kitching, J. and North, J. (1996), 'Small firms' training practices and use of industry training organisations'. Research Brief. *Labour Market Trends,* September 1996, pp. 393-394.

Cutler, T. (1992), 'Vocational Training and British Economic Performance: a Further Instalment of the 'British Labour Problem'?', *Work, Employment & Society,* Vol. 6, No. 2, pp. 161-183.

Dalley, G. (1996), *Ideologies of Caring,* London, MacMillan Press Ltd.

Davies, C. and Rosser, J. (1986), 'Gendered jobs in the health service: a problem for labour process analysis'. In Knights, D. and Wilmott, H. (eds), *Gender and the Labour Process,* Aldershot, Gower.

Davies, C. (1995), 'Competence versus Care? Gender and Caring Work Revisited', *Acta Sociologica,* 38: 17-31.

Day, M. (1993), 'NVQ Assessment for Care assistants', *Nursing Standard.* Vol. 7, No. 29, pp. 35-38.

Day, M. (1995), 'An Evaluation of the Role and Performance of the NVQ Assessor within an Independent Health Care Organisation.' *NVQ/SVQ Focus and Care Standard,* Vol. 2, Issue 7, pp31-39; Issue 8, pp. 36-42; Issue 9, pp. 40-43.

Day, P., Klein, R. and Redmayne, S. (1996), *'Why regulate? Regulating residential care for elderly people',* Bristol, The Policy Press.

Dearing, Sir Ron. (1996), *Review of Qualifications for 16-19 Year Olds*. Summary Report. London, School Curriculum Asessment Authority.

Debling, G. (1989), 'The Employment Department/Training Agency Standards Programme and NVQs: Implications for Education'. In Burke, J.W. (ed), *Competency Based Education and Training,* Lewes, Falmer Press.

Deem, R. (1998), *'From Local to Global? The Role of Case Study in Policy-relevant Educational Research',* Keynote address - CEDAR conference, Warwick University Conference, March 1998.

Denzin, N.K. (1978), *The Research Act. A Theoretical Introduction to Sociological Methods.* USA, McGraw-Hill Inc.

DES,DOE, (1985), *Education and Training for Young People*. London, HMSO.

DES/DOE/Welsh Office, (1991), *Education and Training for the 21st Century*. Part 1, London, HMSO.

Dey, I. (1993), *Qualitative data analysis: a user-friendly guide for social scientists,* London, Routledge.

DfEE, (1995), *Review of the Care Sector Consortium. Report for Consultation,* Sheffield, Department for Education and Employment.

DfEE, (1996), *Maximising Potential. New Options for Learning after 16.* Consultation Document, Sheffield, Department for Education and Employment.

Dickens, L. and Hall, M. (1995), The State: Labour Law and Industrial Relations. In Edwards, P.(ed) *Industrial Relations - Theory and Practice in Britain,* Oxford, Blackwell.

DOE, (1981), *A New Training Initiative: A Programme for Action,* London, HMSO. Cmnd. 8455.

DOE, DES, (1984), *Training for Jobs,* London, HMSO. Cmnd. 9135.

DOE, DES (1985), *Education and Training for Young People,* London, HMSO. Cmnd. 9482

DOE, DES (1986), *Working Together - Education and Training,* London, HMSO. Cmnd.9823.

DOH, (1989), *Caring for People: Community Care in the Next Decade and Beyond,* London, HMSO. Cmnd. 849.

DOH, (1990), *The NHS and Community Care Act*, London, HMSO.

DOH, (1992), *The Health of the Nation: A Strategy for Health in England,* London, HMSO. Cmnd.9186.

DOH, (1997a), *Social Services - Achievement and Challenge*, London, HMSO.

DOH, (1997b), *The New NHS - modern, dependable.* London, HMSO. Cmnd. 3807.

DOH, (1997c), *'Social Workers' Training Body to be Replaced'.* Press release 97/415, Monday, 22/12/97.

DOH, (1998), *Nursing Homes and Private Health Care to Face Open Regulation.* Briefing. 98/019, Monday 19th January 1998. http://www.coi.gov.uk/coi/ depts/GDH/coi6804d.ok

Douglas, J.D. (1985), *Creative interviewing*, Volume 159, Sage Library of Social Research, London, Sage Publications.

Dreyfus, H.L. and Dreyfus, S.E.(1986), *Mind over Machine: The Power of Human Intuition and Expertise in the Era of the Computer,* Oxford, Basil Blackwell.

DTI, (1994), *Competitiveness. Helping Business to Win*, May 1994, London, HMSO. Cmnd. 2563.

DTI, (1995), *Competitiveness : Forging Ahead,* June 1995, London, HMSO. Cmnd. 2867.

DTI, (1996), *Small Firms in Britain*, Report 1996, London, HMSO.

DTI, (1998), *Small and Medium Enterprise (SME) - Defintions*, http://www.dti.gov.uk /SME4/define.htm.

Dunlop, M. (1994), *Quality Control Report for the North Bucks & Milton Keynes Care Sector Consortium for NVQs.* Milton Keynes.

Dunlop, M. (1996a), 'Reasons for Working in Care'. *Adults Learning*, June 1996, Vol. 7, No. 10, pp. 263-264.

Dunlop, M. (1996b), 'NVQs in Care - How 'national' are they?', *Association for Social Care Training Newsletter,* No. 29, October 1996, pp. 12-14.

Dunlop, M. (1996c), *Identifying and Overcoming Barriers to Candidate Achievement. An Audit of Candidate Progress,* Milton Keynes, Milton Keynes and North Bucks Care Sector Consortium.

Dunlop, M. (1996d), *NVQs in Care - how 'national' are they?,* Report. Milton Keynes, CEPAM, The Open University.

Dunlop, M. (1997), 'Great Expectations', *Care Standard,* Volume II, Issue 11, pp. 21-22.

Dunlop, M. (1998), 'Edinburgh Conference Reports ... Cross-centre standardisation', *Association for Care Training and Assessment Networks Newsletter*, No. 34, February 1998, p. 10.

Edwards, R. (1993), 'The inevitable future? : post-Fordism in work and learning'. In Edwards, R., Sieminski, S. and Zeldin, D.(eds), *Adult Learners, Education and Training,* London, Routledge.

Eisenhardt, K.M. (1989), 'Building theories from case study research', *Academy of Management Review,* 14 : 532-50.

Elliott, J. (1990), 'Validating Case Studies'. *Westminster Studies in Education*, Vol. 13, pp. 47-60.

Employment Department, (1993), *Knowledge and Understanding: Its Place in Relation To NVQs and SVQs,* Competence and Assessment, Briefing series No. 9, Sheffield.

Eraut, M. (1989), 'Initial teacher training and the NVQ model'. In Burke, J. (ed), *Competency Based Education and Training,* London, Falmer Press.

Eraut, M. (1994), *Developing Professional Knowledge and Competence*, London, Falmer Press.

Eraut, M. and Cole, G. (1993), *'Assessing Competence in the Professions',* Report no.14, Research and Development Series, Sheffield, Department of Employment.

Eraut, M., Steadman, S., Trill, J. and Parkes, J. (1996), *The Assessment of NVQs.* Research Report No. 4, Brighton, University of Sussex Department of Education.

Esland, G. (1990), 'Introduction'. In Esland, G.(ed), *Education, Training and Employment. Volume 1,* Wokingham, Addison-Wesley Publishing Company.

Evans, K. and Germon, S.P. (1993), 'NVQs and Key Workers', *Education and Training,* 35(5), pp. 11-16.

Falconer, N. (1998), 'Devolve and Resolve', *Association for Care Training and Assessment Networks Newsletter*, No. 34, p. 25.

Fearfull, A. (1997), 'Training, NVQs and Employee Performance in the UK: A Case Study of Care Work'. *International Journal of Training and Development,* 1: 3, pp. 157-171.

FEFC, (1994), *NVQs in the Further Education Sector in England,* Coventry, Further Education Funding Council.

Felstead, A., Goodwin, J. and Green, F.(1995), *Measuring Up to the National Training Targets: Women's Attainment of Vocational Qualifications*, University of Leicester.

Felstead, A. (1996), 'Identifying Gender Inequalities in the Distribution of Vocational Qualifications in the UK', *Gender, Work and Organisation*, Vol. 3, No. 1, pp. 38-50.

Fennell, E. (1991), 'Introduction'. In Fennell, E.(ed), *Development of Assessable Standards for National Certification.* Sheffield, Employment Department.

Field, J. (1995), 'Reality Testing in the Workplace: are NVQs 'Employment-led'?'. In Hodkinson, P. and Issitt, M. (eds), *The Challenge Of Competence*, London, Cassell.

Finch, J. (1993), 'It's Great to have Someone to Talk to: Ethics and Politics of Interviewing Women'. In Hammersley, M. (ed), *Social Research. Philosophy, Politics and Practice,* London, Sage.

Finegold, D. and Soskice, D. (1988), 'The Failure of Training in Britain: Analysis and Prescription', *Oxford Review of Economic Policy,* No. 4, pp. 21-53.

Finegold, D. (1992), *Breaking out of the low-skill equilibrium*, NCE Briefing no. 5, July 1992.

Fleming, D. (1991), 'The concept of meta-competence', *Competence and Assessment*, Issue 16, pp. 9-12.

Flynn, N. and Hurley, D.(1993), *The Market for Care,* London, Public Sector Management, London School of Economics and Political Science.

Freeman, C. (1997), 'Technical Change and Unemployment'. In Philpott, J. (ed), *Working for Full Employment,* London, Routledge.

Freeman R.B. (1997), 'Does Globalization Threaten Low-skilled Western Workers?', In Philpott, J. (ed), *Working for Full Employment,* London, Routledge.

Ganderton-Spencer, S. (1996), *NVQs and the personal, educational and employment development of female care workers: a critical evaluation,* PhD.Thesis. University of Nottingham.

George, M. (1994), 'The first rung', *Community Care*, 17th February 1994, pp. 18-19.

George, M. (1996), Adaption of Harding, T., Meredith, B. and Wistow, G. (eds), *'Options for Long Term Care: Economic, Social and Ethical Choices',* London, National Institute for Social Work.

Gimblett, G. (1990), 'Rewards of the NVQ System', *Care Sector Consortium Bulletin,* Issue No. 3, Summer 1990, pp. 7-8.

Ginn, J. and Sandell, J. (1997), 'Balancing Home and Employment: Stress Reported By Social Services Staff, *Work, Employment and Society*, Vol. 11, No. 3, pp. 413-434.

Glaser, B. and Strauss, A.L. (1967), *The Discovery of Grounded Theory: Strategies for Qualitative Research,* Chicago, Aldine.

Gleeson, D. (1989), *The Paradox of Training: Making Progress out of Crisis,* Milton Keynes, Open University Press.

Gleeson, P. (1995), Restructuring the Industrial Trades in Australia: the dark side of post-Fordism, *The Vocational Aspect of Education,* Volume 47, No. 2, pp. 153-164.

Gorz, A. (1989), *Critique of Economic Reason*, London, Verso.

Green, A. (1995), 'The European Challenge to British Vocational Education and Training'. In Hodkinson, P. and Issitt, M.,(eds), *The Challenge Of Competence*, London, Cassell.

Green, A.and Steedman, H. (1993), *Educational Provision, Educational Attainment and the Needs of Industry. A Review of Research for Germany, France, Japan, the USA and Britain,* London, NIESR.

Green, F. (1991), 'Sex Discrimination in Job-Related Training'. *British Journal of Industrial Relations,* Vol. 29, pp. 295-304.

Griffiths, Sir R. (1988), *Community Care: Agenda for Action*, London, HMSO.

Grimwood, C. and Popplestone, R. (1993), *Women, Management and Care,* London, MacMillan Press Ltd.

Hadley, R. and Clough, R. (1997), *Care in Chaos,* London, Cassell.

Hager, P. and Laurent, J. (1990), 'Education and training: is there any longer a useful distinction?', *Vocational Aspect of Education*, 42, pp. 53-60.

Hakim, C. (1995), 'Five feminist myths about women's employment', *British Journal of Sociology*, 46(3), pp. 429-455.

Hales, C., Tamangani, Z., Walker, A.and Murphy, N. (1996), 'NVQs in small businesses: factors influencing adoption', *Education and Training*, 38(2), pp. 3-13.

Hammersley, M. and Atkinson, P. (1983), *Ethnography: Principles in Practice,* London, Tavistock.

Hammersley, M. (1992), 'Deconstructing the qualitative-quantitative divide'. In Brannen, J. (ed), *Mixing Methods: Qualitative and Quantitative Research,* Aldershot, Avebury.

Harding, T., Meredith, B. and Winstow, G. (1996), *Options for Long Term Care: economic, social and ethical choices,* London, HMSO.

Harman, D. (1995), 'Contracting for Quality'. *Association for Social Care Training Newsletter,* No. 25, September, pp. 5-6.

Hartley, J.F. (1994), 'Case Studies in Organisational Research'. In Cassell, C. and Symon, G. (eds), *Qualitative Methods in Organisational Research*, London, Sage.

Hartmann, H. (1979), 'Capitalism, patriarchy and job segregation by sex'. In Eisentstein, Z.(ed), *Capitalist Patriarchy and the Case for Social Feminism,* London, Monthly Review Press.

Hatt, S. (1995), 'Men's Work, Women's Work - Employment and Unemployment in the 1990s', *Economics and Business Education*,Vol. 3, Part 3, No. 11, pp. 119-122.

Health Committee, (1993), *Community Care: Funding from April 1993*, London, HMSO.

Heaton, M. (1995), *NVQs in Care - A Workplace Revolution?,* Masters thesis. Nottingham University.

Heaton, M. (1998), 'Report from CCETSW England committee', *Association for Care Training and Assessment Networks Newsletter,* Feb.1998, p. 4.

Henwood, M. (1992), *Through a Glass Darkly - Community Care and Elderly People,* Research Report no. 14, London, Kings Fund Institute.

Henwood, K.L. and Pidgeon, N.F. (1993), 'Qualitative Research and Psychological Theorizing'. In Hammersley, M. (ed), *Social Research. Philosophy, Politics and Practice*, London, Sage Publications.

Hevey, D. (1996), *Equity and Quality in Assessment: Lessons from the National Vocational Qualifications System in the UK*, ASEESA/HSRC Conference. 30th Sept-1st Oct.1996.

Hevey, D. (1997), 'The UK National (and Scottish) vocational qualification system: state of the art or in a state?', *International Journal of Training and Development,* 4: 1, pp. 241-257.

Hewitt, P. (1997), 'Full Employment for Men and Women'. In Philpott, J. (ed), *Working for Full Employment,* London, Routledge.

HMI Welsh Office, (1992), *A survey of NVQ developments in FE Colleges in Wales.* HMSO.

Hodkinson, P. (1992), 'Alternative Models of Competence in Vocational Education and Training', *Journal of Further and Higher Education,* 16 (2), pp. 30-39.

Holstein, J.A. and Gubrium, J.F. (1995), *The Active Interview,* London, Sage Publications.

Horner, P. (1996), *Developing Skills in Small Businesses. The Pathfinder Pilot Evaluation Report,* Research and Development Series, Report No. 34, Sheffield, Employment Department.

Hoyes, L. and Means, R. (1993), 'Markets, Contracts and Social Care Services: Prospects and Problems'. In Bornat, J. et al. (eds), *Community Care - a reader,* London, The MacMillan Press Ltd.

Hunter, D. (1994), 'The Impact of the NHS Reforms on Community Care'. In Titterton, M.(ed), *Caring for People in the Community. The New Welfare,* London, Jessica Kingsley Publishers.

Hutton, W. (1996), *The State We're In,* London, Vintage.

Hyland, T. (1992), 'NVQs and the reform of Vocational Education and Training', *Journal of the National Association for Staff Development,* No. 26, Jan 1992, pp. 29-36.

Hyland, T. (1994), *Competence, education and NVQs,* London, Cassell.

Hyland, T. (1996), 'National Vocational Qualifications, Skills Training and Employers' Needs: beyond Beaumont and Dearing', *Journal of Vocational Education and Training,* Vol. 48, No. 4, pp. 349-365.

Hyland, T. and Matlay, H. (1997), 'Small Businesses, Training Needs and VET Provision', *Journal of Education and Work,* Vol. 10. No. 2. pp. 129-138.

IFF Research Ltd. (1996), *Employers' Uses of NVQ/SVQs in Human Resource Management,* Sheffield, Department for Education and Employment.

IMS, (1985), *New Forms of Work Organization,* Institute of Manpower Studies Manpower Commentary no. 30, Brighton.

IHCD, (1997a), 'NVQ certificates top 1.3 million', *Standards and NVQs Update,* No. 15, April 1997, p. 9, Institute of Health and Care Development.

IHCD, (1997b), 'Care Awards evidence requirements', *Standards and NVQs Update,* No. 17, November 1997, pp. 6-7. Institute of Health and Care Development.

JAB, (1992a), *NVQs in Care. Guidance on Approval of Assessment Arrangements.* London, Joint Awarding Bodies.

JAB, (1992b), *Evidence form Past Achievement. Information Sheet.* London, Joint Awarding Bodies.

JAB, (1992c), *Competence of assessors and internal verifiers: Meeting the anti-racist and anti-discriminatory requirements.* Information briefing, July 1992. London, Joint Awarding Bodies.

JAB, (1994), *Assessment in NVQs in the Care Sector. Report of a quality control project,* London, Joint Awarding Bodies.

JAB, (1995), *Certification of Assessors and Verifiers with the appropriate 'D' units from the Training and Development Lead Body Standards,* London, Joint Awarding Bodies.

JAB, (1996), *NVQs and Assessment: Quality Indicators,* London, Joint Awarding Bodies.

JAB, (1997a), *Assessor/Internal Verifier Competence Information*, March 1997, London, Joint Awarding Bodies.

JAB, (1997b), *'Report and Agreed Action from the Awarding Bodies Enquiry into the Assessment of NVQs in Care'*, March 1997, London, Joint Awarding Bodies.

JAB, (1997c), *JAB NVQ Take-up Survey 1996: Care Sector NVQ Assessment Centre,* August 1997, London, Joint Awarding Bodies.

James, J. (1995), Work of National Importance - Training in the Retail Sector, *Adults Learning,* Vol. 7, No. 1, pp. 5-9.

Jessup, G. (1989), 'The Emerging Model of Vocational education and Training'. In Burke, J. (ed), *Competency Based Education and Training,* London, The Falmer Press.

Jessup, G. (1991), *Outcomes - NVQs and the Emerging Model Of Education and Training Outcomes,* London, The Falmer Press.

Jones, L. and Moore, R (1995), Appropriate Competence: the competency movement, the New Right and the 'culture change' project, *British Journal of Education and Work,* Vol. 8, No. 2, pp. 78-92.

Jones, L. (1996), *Making Connections. A Continuum of Education and Training for Staff in Social Work and Social Care,* London, Care Sector Consortium and CCETSW.

Joseph Rowntree Foundation, (1994), *NVQs in residential homes.* Briefings. September 1994, York, Joseph Rowntree Foundation.

Keep, E. (1993), 'Missing, presumed skilled. Training policy in the UK'. In Edwards, R. et al. (eds), *Adult Learners, Education and Training*, London, Routledge.

Keep, E. and Rainbird, H. (1995), 'Training'. In Edwards, P. (ed), *Industrial relations: Theory and Practice in Britain,* Oxford, Blackwell.

Kelly, D, Payne, C. and Warwick J. (1990), *Making National Vocational Qualifications work for Social Care,* London, National Institute for Social Work.

Kimmel, A.J. (1988), *Ethics and Values in Applied Social Research*, Applied Social Research Methods Series, Volume 12, London, Sage Publications.

King, N. (1994), 'The Qualitative Research Interview'. In Casell, C. and Symon, G. (eds), *Qualitative Methods in Organisational Research*, London, Sage.

Kumar Krishan, (1986), *Prophecy and Progress*, London, Penguin.

Kumar Krishan, (1995), *From Post-Industrial to Post-Modern Society,* Oxford, Blackwell.

Lacey, C. (1993), 'Problems of sociological fieldwork: A review of the methodology of Hightown Grammar'. In Hammersley, M. (ed), *Educational Research - current issues, Reader 1,* London, Paul Chapman/Open University.

Laing, W. (1995), *Laing's Review of Private Healthcare, 1995,* London, Laing and Buisson Publications.

Laing, W. and Buisson, M. (1996), *Care of the Elderly, Market Survey 1996*, London, Laing and Buisson Publications.

Lane, C. (1993), 'Gender and the labour market in Europe: Britain, Germany and France compared', *The Sociological Review,* Vol. 41, No. 2, pp. 274-301.

Lange, T. (1994), Training for Europe - Should Britain Follow the German Model?, *Journal of European Industrial Training*, Vol. 18, No. 2, pp.4-11.

Lavrakas, P.J. (1993), *Telephone Survey Methods. Sampling, Selection, and Supervision,* Applied Social Research Methods Series, Volume 7, London, Sage Publications.

Layard, R. (1994), 'The welfare economics of training'. In Layard, R. (ed), *Britain's Training Deficit: the Centre for Economic Performance Report,* Aldershot, Avebury Ashgate Publishing Ltd.

Layard, R., Mayhew, K. and Owen, G. (1994), 'Why we need a Training reform Act'. In Layard, R. (ed), *Britain's Training Deficit: the Centre for Economic Performance Report*, Aldershot, Avebury Ashgate Publishing Ltd.

Lee-Treweek, G. (1994), Bedroom Abuse: the hidden work in a nursing home, *Generations Review*, Vol. 4, No. 1, pp. 2-4.

Lee-Treweek, G. (1997), Women,Resistance and Care: An Ethnographic Study of Nursing Auxiliary Work, *Work, Employment & Society*, Vol. 11, No. 1, pp. 47-63.

LGMB. (1996), *NVQ Takeup Survey. Care and Child Care and Education Awards,* London, Local Government Management Board.

MacFarlane, K. (1994), *Towards Best Assessment Practice*, Competence and Assessment, Compendium No.3, Sheffield, Employment Department.

Machin, S. and Wilkinson, D. (1995), *Employee Training. Unequal access and economic performance,* London, Institute for Public Policy Research.

Mansfield, B. (1989), 'Competence and Standards'. In Burke, J. (ed), *Competency Based Education and Training,* Lewes, Falmer Press.

Mansfield, B. and Matthews, D. (1985), *Job Competence - A Description for use in Vocational Education and Training,* Work based learning project, Blagdon, FE Staff College.

Mansfield, B. and Mitchell, L. (1996), *Towards a Competent Workforce,* Aldershot, Gower.

Marshall, H. (1994), 'Discourse Analysis in an Occupational Context'. In Cassell, C. and Symon, G. (eds), *Qualitative Methods in Organisational Research,* London, Sage.

Marshall, K.S. (1994), 'NVQs: training for competence or a process of deskilling?', *International Journal of Lifelong Education*, Vol. 13, No. 1, pp. 43-49.

Mathews, D. (1991), An Overview of the Standards Development Process. In Fennell, E. (ed), *Development of Assessable Standards for National Certification,* Sheffield, Employment Department.

Matthews, A. (1994), *Gender and perceptions of job competence,* Report 17, London, National Council for Vocational Qualifications.

Mauthner, M. (1998), 'Bringing Silent Voices into a Public Discourse'. In Ribbens, J. and Edwards, R. (eds), *Feminist Dilemmas in Qualitative Research. Public Knowledge and Private Lives,* London, Sage Publications.

McGivney, V. (1992), 'Women and Vocational Training. An Overview', *Adults Learning,* Vol. 3, No. 10, pp. 260-264.

McGivney, V. (1994), 'Part-time Workers and the Achievement of the National Targets for Education and Training', *Adults Learning*, Vol. 6, No. 1, pp. 38-40.

McKenzie, P. (1995), 'Education and Training: still distinguishable?' *The Vocational Aspect of Education,* Vol. 47, No. 1, pp. 35-49.

McNabb, R. and Whitfield, K. (1994), 'Market Failure, Institutional Structure and Skill-formation', *International Journal Of Manpower*, Vol. 15, No. 5, pp. 5-15.

McRae, S. (1991), 'Occupational Change over Childbirth: Evidence from a National Survey', *Sociology*, 25.4, pp. 589-605.

Melton, R. (1994), 'Competences in perspective', *Educational Research*, Vol. 36, No. 3, Winter 1994, pp. 285-294.

Miles, M. and Huberman, M. (1984), *Qualitative Data Analysis*, Beverley Hills,CA., Sage.

Miller, T. (1998), 'Shifting Layers of Professional, Lay and Personal Narratives'. In Ribbens, J. and Edwards, R. (eds), *Feminist Dilemmas in Qualitative Research. Public Knowledge and Private Lives,* London, Sage Publications.

Minford, P. (1987), 'The role of the social services: a view from the New Right'. In Loney, M. et al. (eds), *The State or the Market*, London, Sage.

Mitchell, L. (1989), The Definition of Standards and their Assessment. In Burke, J. (ed), *Competency Based Education and Training*, Lewes, Falmer Press.

Mitchell, L. and Sturton, J. (1993), *The Candidate Role Project Final Report.* Research and Development Series No. 2, Sheffield, Employment Department.

Mitchell, L. and Bartram, D. (1994), *The Place of Knowledge and Understanding in the Development of NVQs and SVQs,* Competence and Assessment, Briefing series No.10, October 1994, Sheffield, Employment Department.

Morrison, M. (1996), 'Part-time: whose time? Women's lives and adult learning'. In Edwards, R., Hanson, A. and Raggatt, P. (eds), *Boundaries of Adult Learning*, London, Routledge.

MSC, (1977), *Training for Skills*, Sheffield, Manpower Services Commission.

MSC, (1981), *A New Training Initiative: a consultative document,* London, HMSO.

MSC/DES, (1986), *Review of Vocational Qualifications,* London, HMSO.

Mullin, R. (1992), *Decisions and judgements in NVQ based assessment,* Report 14, London, National Council for Vocational Qualifications.

Murphy, et al. (1995), *The Reliability of Assessment of NVQs,* Report to NCVQ, School of Education, Nottingham University.

Murray, R. (1990), 'Fordism and Post-Fordism'. In Esland, G. (ed), *Education, Training and Employment.* Volume 1, Wokingham, Addison-Wesley Publishing Company.

NACETT, (1997), *Skills for 2000,* London, National Advisory Council for Education and Training Targets.

NCVO, (1995), *Opportunities Knocked: Training Needs Neglected,* London, National Council for Voluntary Organisations.

NCVQ, (1988), *Assessment in National Vocational Qualifications,* NCVQ Information Note 4, London, National Council for Vocational Qualifications.

NCVQ, (1989), *Assessment in NVQs: Use of Evidence from Prior Achievement (APL),* Information note 5, London, National Council for Vocational Qualifications.

NCVQ, (1991), *Equal Opportunities: The Role of Awarding Bodies.* NVQ Report 11, London, National Council for Vocational Qualifications.

NCVQ, (1993), *The awarding bodies common accord,* London, National Council for Vocational Qualifications.

NCVQ, (1995a), *NVQ criteria and guidance,* London, National Council for Vocational Qualifications.

NCVQ, (1995b), *Establishing the Benchmark,* London, National Council for Vocational Qualifications.

NCVQ, (1996), *DataNews*, Autumn 96, London, National Council for Vocational Qualifications.

NCVQ, (1997a), *The Awarding Bodies Common Accord*, London, National Council for Vocational Qualifications.

NCVQ, (1997b), *Internal Verification of NVQs,* London, National Council for Vocational Qualifications.

NCVQ/SCOTVEC, (1996), *Review of 100 NVQs/SVQs.* A report on the findings. London, NCVQ/SCOTVEC.

NEDO/MSC, (1984), *Competence and Competition: Training and Education in the Federal Republic of Germany, The United States and Japan,* Sheffield, National Economic Development Office and Manpower Services Commission.

NISW, (1997), *Measuring the Quality of Residential Care*, NISW Briefing No. 21, London, National Institute for Social Work.

Oakley, A. (1993), 'Interviewing Women. A Contradiction in Terms'. In Oakley, A, *Essays on Women, Medicine and Health,* Edinburgh, Edinburgh University Press.

Offredy, M. (1995), 'Personal Narratives of Young People Working in a Caring Environment', *The Vocational Aspect of Education*,Vol. 47, No. 3, pp. 309-328.

ONS Annual Employment Survey, 1995, London, Office for National Statistics.

Parr, J. (1998), 'Theoretical Voices and Women's Own Voices'. In Ribbens, J. and Edwards, R. (eds), *Feminist Dilemmas in Qualitative Research. Public Knowledge and Private Lives,* London, Sage.

Payne, C. and Hobbs, P. (1995), *Helping Candidates acquire Competence. The roles of assessment centres and vocational and educational providers.* A report for CCETSW, London, Central Council for Education and Training in Social Work.

Payne, C. (1990), Conference - 'Planning for Assessment', *Association for Social Care Training Newsletter*, No. 5, pp. 2-3.

Payne, J. (1991), *Women Training and the Skills Shortage*, London, Policy Studies Institute.

Payne, J. and Payne, C. (1993), 'Unemployment and Peripheral Work', *Work, Employment & Society,* Vol. 7, No. 4, pp. 513-534.

Peace, S., Kellaher, L. and Willcocks, D. (1997), *Re-evaluating Residential Care,* Buckingham, Open University Press.

Pedreschi, T., Connor, J., Thackray, D. and Wolstencroft, T. (1994), *Effective practice in assessment against the management standards,* Research and Development Series, Report No. 25, Sheffield, Employment Department.

Penna, S., Paylor, I. and Soothill, K. (1995), *Job Satisfaction and Dissatisfaction: A Study of Residential Care Work,* London, National Institute for Social Work.

Phillimore, A.J. (1990), 'Flexible Specialization, Work Organisation andSkills: Approaching the 'Second Industrial Divide'.' In Esland, G.(ed), *Education, Training and Employment. Vol. 1: Educated Labour - the Changing Basis of Industrial Demand,* Wokingham, Addison-Wesley Publishing.

Philpott J, (1997), 'Looking Forward to Full Employment'. In Philpott, J. (ed), *Working for Full Employment,* London, Routledge.

Pond, C. (1997), 'Building Full Employment Without Low Pay'. In Philpott, J. (ed), *Working for Full Employment,* London, Routledge.

Povey, C. (1995), 'Standardising Work Based Assessment in a Care Setting', *NVQ/SVQ Focus and Care Standard,* Vol. 2, Issue 10, pp. 37-39.

Prais, S.J. (1995), *Productivity, Education and Training. An International Perspective,* Cambridge, University Press.

Punch, M. (1986), *The Politics and Ethics of Field work,* California, Sage.

Race, P. (1990), *Realising Human Competence* - occasional paper, Polytechnic of Wales.

Raffe, D. (1992), *Participation of 16-18 year olds in education and training,* NCE Briefing no. 3, (May 1992), London, National Commission on Education.

Raggatt, P. (1991), 'Quality Assurance and NVQs'. In Raggatt, P. and Unwin, L.(eds), *Change and Intervention. Vocational Education and Training,* London, Falmer Press.

Raggatt, P. (1993), 'A Society of Opportunity'. In Calder, J. (ed), *Disaffection and Diversity. Overcoming Barriers for Adult Learners,* London, Falmer Press.

Raggatt, P. (1994), 'Implementing NVQs in Colleges: progress, perceptions and issues', *Journal of Further and Higher Education,* 18 (1), pp. 59-74.

Raggatt, P. and Hevey D. (1995), *Sufficiency of Evidence,* Research and Development Series No. 32, Sheffield, Employment Department.

Rainnie, A. (1989), *Industrial Relations in Small Firms,* London, Routledge.

Rajan, A., van Eupen, P. and Jaspers, A. (1997), *Britain's Flexible Labour Market. What Next?,* RS50, DfEE Research Brief, http://www.official-documents.co.uk/ document /dfee/resbrief/brief50.htm

RCN, (1996), *An inspector calls? The regulation of private nursing homes and hospitals,* London, Royal College of Nursing.

Reading, P. (1994), *Community Care and the Voluntary Sector,* Birmingham, Venture Press.

Roberts, K., Richardson, D. and Dench, S. (1988), 'Sex Discrimination in youth labour markets and employers' interests'. In Walby, S. (ed), *Gender Segregation at Work*, Milton Keynes, Open University Press.

Robinson, O. (1988), 'The changing labour market: growth of part-time employment and labour market segmentation in Britain'. In Walby, S. (ed), *Gender Segregation at Work,* Milton Keynes, Open University Press.

Robinson, P. (1996), *Rhetoric and Reality. Britain's new vocational qualifications,* London, The Centre for Economic Performance, London School of Economics.

Ross, D. (1990), 'Conference - Gathering Evidence and Training Assessors', *Association for Social Care Training Newsletter,* No. 5, May 1990, pp. 4-5.

Rubery, J. (1995), 'The low-paid and the Unorganised'. In Edwards, P. (ed), *Industrial Relations - Theory and Practice in Britain,* Oxford, Blackwell.

Rubery, J. (1997), 'What do Women want from Full Employment?'. In Philpott, J.(ed), *Working for Full Employment*, London, Routledge.

Ryan, P. (1994), 'Training quality and trainee exploitation'. In Layard, R. (ed), *Britain's Training Deficit: the Centre for Economic Performance report,* Aldershot, Avebury Ashgate Publishing Ltd.

Scase, R. and Goffee, R. (1982), *The Entrepreneurial Middle Class,* London, Croom Helm.

Scase, R. and Goffee, R. (1987), *The Real World of the Small Business Owner, (*2nd edn.), London, Croom Helm.

Scase, R. (1995), 'Employment Relations in Small Firms'. In Edwards, P. (ed) *Industrial Relations: Theory and Practice in Britain,* Oxford, Blackwell.

Schofield, J.W. (1993), 'Increasing the Generalizability of Qualitative Research'. In Hammersley, M. (ed), *Educational Research - current issues*, London, Paul Chapman Publishing Ltd.

Schon, D. (1991), *The Reflective Practitioner: How Professionals Think in Action,* Aldershot, Avebury.

Senker, P. (1992), 'Skill shortages and Britain's international competitiveness'. In Bosworth, D., Dutton, P. and Lewis, J. (eds), *Skill Shortages: Causes and Consequences*, Aldershot, Avebury.

Silverman, D. (1993), *Interpreting Qualitative Data: Methods for Analysing Talk, Text and Interaction,* London, Sage.

Sims, D. and Golden, S. (1997), *The Learning Process in NVQ/SVQ Delivery,* Sheffield, Department for Education and Employment.

Singer, E. (1978), 'Informed consent: Consequences for response rate and response quality in social surveys', *American Sociological Review*, 43, pp. 144-162.

Skills and Enterprise Network, (1995), *Planning for the 21st Century,* Nottingham, Skills and Enterprise Network.

Sly, F. (1993), 'Women in the Labour Market', *Employment Gazette*, Vol. 101, No. 11, pp.483-502.

Smith, L. (1994), 'Clarifying the cost to Assessment Centres of candidate registration and establishing fair charges' - Workshop, *Association for Social Care Training Newsletter*, July 1995, pp. 19-20.

Smith, L. (1995), 'The Use of Competency - Based Awards to Structure Quality Management Systems in the Care Sector', *NVQ/SVQ Focus,* July 1995, pp. 38-39.

Smithers, A. (1993), *All Our Futures; A Dispatches Report on Education,* London, Channel 4 Television.

Snell, J. (1997), 'NVQs for You', *Nursing Times,* Volume 93, No. 3, pp. 29-31.

Song, M. (1998), 'Hearing and Representing: Reflecting the Private in Public'. In Ribbens, J. and Edwards, R. (eds), *Feminist Dilemmas in Qualitative Research. Public Knowledge and Private Lives,* London, Sage.

Spilsbury, M., Simkin, C. and Toye, J. (1994), *Employers' Needs for Information, Advice and Guidance when Implementing NVQs,* Report 276, Brighton, Institute for Employment Studies.

Spilsbury, M., Moralee, J. and Evans C. (1995), *Employers' Use of the NVQ System,* Report 293, Brighton, Institute for Employment Studies.

Stake, R.E. (1995), *The Art of Case Study Research*, London, Sage Publications.

Stanton, G. (1996), *Output-Related Funding and the Quality of Education and Training,* International Centre for Research on Assessment, London, Institute of Education.

Statham, D. (1997), *The Future of Personal and Social Care*, NISW Briefing No. 20, London, National Institute for Social Work.

Staton, J. (1995), 'Are Occupational Standards and SVQs Capable of Capturing the Complexity and Variability of Tasks in the Care Sector?', *The Journal of Practice and Staff Development,* Vol. 4, No. 3, pp. 17-31.

Steedman, H. (1994), 'Assessment, Certification and Recognition of Occupational Skills and Competences', *European Journal of Vocational Training,* 1/94, pp. 36-42.

St John, M.J.and Channell, J. (1996), *Language Issues in NVQs and SVQs*, Competence and Assessment Briefing Series, No. 12, Sheffield, Department for Education and Employment.

Storey, D.J. and Westhead, P. (1997), 'Management training in small firms - a case of market failure?', *Human Resource Management Journal,* Vol. 7, No. 2. pp. 61-71.

Strauss, A.L. and Corbin, J.(1990), *Basics of Qualitative Research: Grounded Theory Procedures and Techniques,* London, Sage.

Taylor, L. (1995), 'Investors in People. A Good Thing for Women?', *Adults Learning,* Vol. 7, No. 3, pp. 65-67.

Thompson, A. (1997), 'Just the ticket', *Community Care,* 21-27 August 1997, pp. 18-19.

Toye, J. and Vigor, P. (1994), *Implementing NVQs. The experience of employers, employees and trainees,* Report 265, Brighton, Institute of Manpower Studies.

Tuckett, A. (1997), *Lifelong Learning in England and Wales*, Leicester, National Institute of Adult Continuing Education.

Unwin, L. (1991), 'NVQs and the Man-Made Fibres Industry: A Case Study of Courtaulds Grafil Ltd'. In Raggatt, P. and Unwin, L. (eds), *Change and Intervention. Vocational Education and Training,* London, Falmer Press.

Unwin, L. (1996), 'Employer-led realities: apprenticeship past and present', *Journal of Vocational Education and Training,* Vol. 48, No. 1, pp. 57-68.

Vincent, C. and Warren, S. (1998), *'This won't take long: interviewing, ethics and diversity'.* Paper presented at CEDAR conference: Case Study Research in Education, Warwick University, March 1998.

Wagner, G. (1988), *Residential Care: A Positive Choice,* London, National Institute for Social Work/HMSO.

Walby, S. (1988), 'Segregation in employment in social and economic theory'. In Walby, S. (ed), *Gender segregation at work*, Milton Keynes, Open University Press.

Walker, A. (1993), 'Community care policy: from consensus to conflict'. In Bornat, J. et al. (eds), *Community Care - a reader,* London, The MacMillan Press Ltd.

Wickham, A. (1987), 'Gender divisions, training and the state'. In Arnot, M. and Weiner, G. (eds), *Gender and the Politics of Schooling*, London, Hutchinson.

Williams, S. (1997), *Reinforcing the Low Skills Equilibrium: The Case of National Vocational Qualifications.* Conference paper presented to 15th Annual International Labour Process Conference, University of Edinburgh, 25-27th March 1997.

Williams, S. and Raggatt, P. (1996), 'Competence-based Vocational Training Policy: a case study of decollectivisation of employment relations', *Journal of Vocational Education and Training*, Vol. 48, No. 4, pp. 315-332.

Williams, S. and Raggatt, P. (1998), 'Contextualising Public Policy in Vocational Education and Training: The Origins of Competence-Based Vocational Quaifications', *British Journal of Education and Work*, forthcoming publication - October, 1998.

Winchester, D. and Bach, S. (1995), The State: The Public Sector. In Edwards, P. (ed). *Industrial Relations - Theory and Practice in Britain,* Oxford, Blackwell.

Winterton, J. and Winterton, R. (1995), *Implementing NVQs: Barriers to Individuals,* Sheffield, Employment Department.

Wolcott, H. (1990), *Writing up Qualitative Research,* London, Sage Publications.

Wolf, A. (1989), 'Can Competency and knowledge mix?'. In Burke, J. (ed), *Competency Based Education and Training,* Lewes, Falmer Press.

Wolf, A. (1994), 'Measuring competence: the experience of the United Kingdom', *European Journal of Vocational Training,*1/94, pp. 29-35.

Wolf, A. (1995), *Competence-Based Assessment,* Buckingham, Open University Press.

Wolf, A., Burgess, R., Stott, H. and Veasey J. (1994), *GNVQ Assessment Review Project,* University of London.

Wolf, A. and Mitchell, L. (1991), 'Understanding the Place of Knowledge and Understanding in a Competence Based Approach'. In Fennell, E. (ed), *Development of Assessable Standards for National Certification,* Sheffield, Employment Department.

Wolf, A. and Silver, R. (1995), *Measuring 'Broad' Skills: Issues for Assessment*, Research and Development Series, Report No. 31, Sheffield, Employment Department.

Wood, C. (1990), Conference - 'How much and how soon?', *Association for Social Care Training Newsletter*, No. 5, p. 3.

Yin, R.K. (1984), *Case Study Research: Design and Methods* (rev.edn), Beverley Hills, CA, Sage.

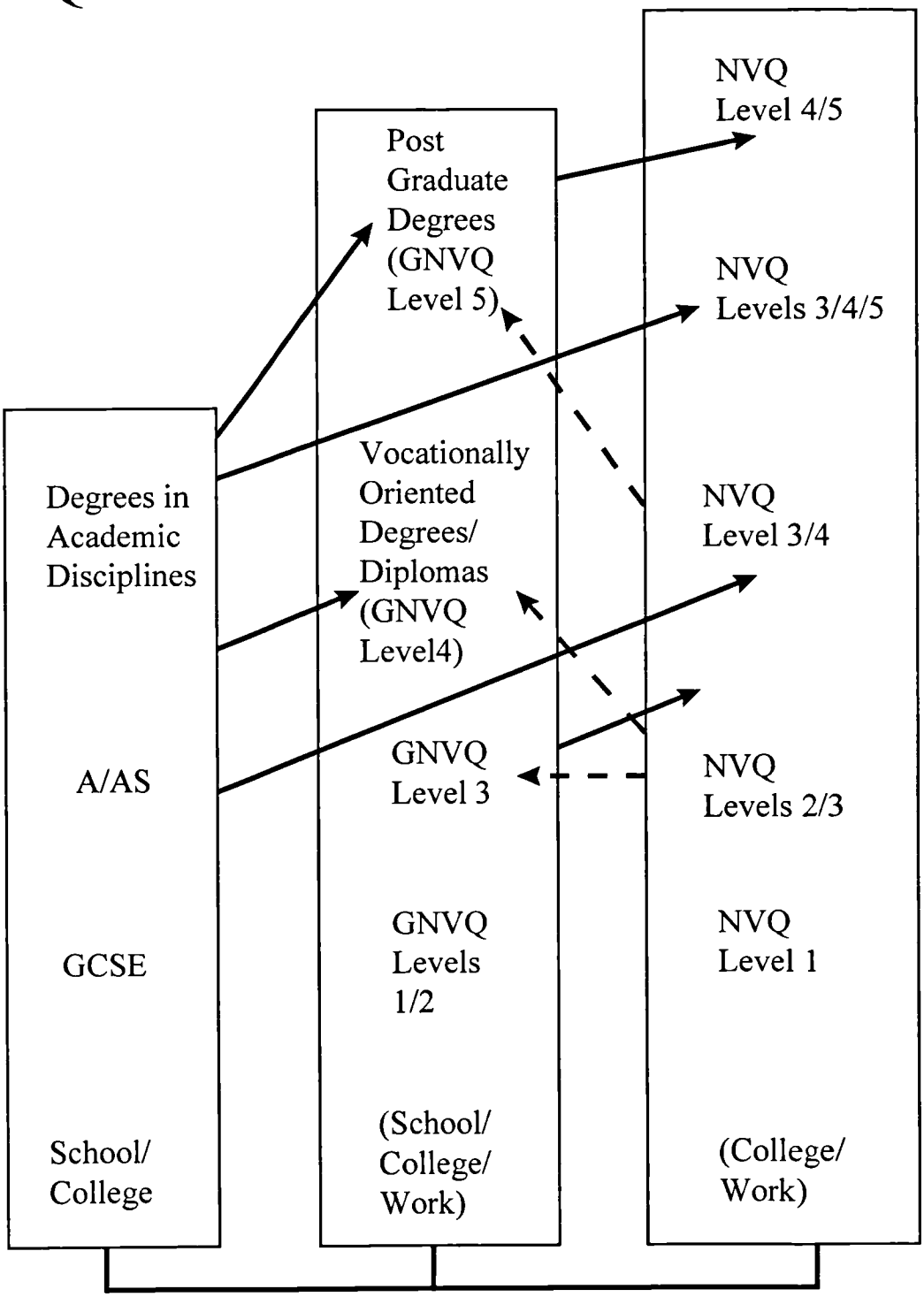
Yin, R.K. (1994), 'Discovering the Future of the Case Study Method in Evaluation Research', *Evaluation Practice*, 15 (3), pp. 283-290.

Youll, P.J. and McCourt-Perring, C. (1993), *Raising Voices. Ensuring Quality in Residential Care,* London, HMSO.

Young, K. (1994), *S/NVQ Assessment in Small Work Locations. Final Report,* Luton, Local Government Management Board.

Appendices

Qualifications for work



Choices for 16 year olds

NVQ Monitor, Spring '96

Round 4	Round 3	Round 2	Round 1	Parameters	Round 1	Round 2	Round 3	Round 4
		D,F	D,F	**NVQ Culture <------> no culture**	A1,A2,B1,2,E,C			
F		B2(till Xmas)	E,F	regular time allocated <--->own time expected	A1,2,B1,2,C,D1,2,G	D2,G1	C	A,B,C,D,E,G
E		E,F	E,F	regular assessment period <----->'grab it when you can'	A1,2,B1,2,C,D1,2,G	G1,C	A,D,C,	A,B,C,D,E,F,G
E,F		F	F	in-house training sessions <---->no training offered or erratic	A1,2,B1,2,C,D1,2,E	D2,G1		A,B,C,D,G
C,D,E,F,G		D,G1,F,C	D1,2,E,F,G	useful tool <-------> no benefit	A1,2,B1,2,C	B1,2		A,B
F		D,F	D1,2,E,F,G	NVQ model OK <------> needs changing	A1,2,B1,2,C	B2,G1,A1,2,B1,C,E,G	C	A,B,C,D,E,F,G
A,B,C,D,E,F,G	C	B2,A,C,E	A1,2,B2,C,D1,2,E,F,G	assessor led <----------->candidate led	B1,F,G	B1,G1,F		
	C	B,C,D,E,G1,F	B1,2,C,D1,2,E,F,G	considered part of work <-------->considered as extra to work	A1,2			
C,F	E,C	C,D,F	D,F,C	peer support <-------->peer aggression	E	E		E
				keeps going over holiday periods <--------> stops seasonally		A,B,C,D,E,F,G	C	A,B,C,D,E,F,G
	A2,D,F,G			candidate willing to do NVQ at home <---> only do NVQ at work				A1,B,C,E,
				time for care as well as assessment <--> clients come first				A,B,C,D,E,F,G
				Structuralist tool <------->pluralist tool				
		D	C,F,G	management control tool <------->personal development of staff	D1,2,F,G	D2,G1,F		C,D,E,F,G
		A,E	A1,2,B1,2,C,D1,2,F,G	manager chose endorsement <------> candidate chose				
		A,C,G		candidate feels on wrong NVQ level				
			A1,2,B1,2,G2	forced to do it i.e.told< ------>wanted to do it	D1,2,F,G1,C,E	D2,G1		
D,E,F		D,F	G2,F	training tool <---------->recognition tool	B1,2,D1,2,C	G1		A,B,C,G
A,B,C,G			A1,2,B1,2,G ,E	no recognition <----------> progress recognised	C,D,F			D,E,F
A1,B1,B2,C		B2	A1,A2,B1,2,C,G2	**NVQ waste of time <---------> NVQ valuable(PERSONAL)**	D,F,G1	F,G1		A2,D,E,F,G
			A1,B1,B2,C	NVQ waste of time <---------> NVQ valuable(other employers)	A1,G1,E	D2,G1	A2	D2,E,F,G
			A1,A2,B1,2,C,D	mature <-------->young	A3,(F)			
	B2			prefer college<---> NVQ good route after gap in education				D,E,F,G
			B2,C,G2,D2,E	previous qualifications <----------->no qualifications	A1,A2,B1,F,G1	A3,G1		
			A1,A2,B1,C,D1,E,F,G	previous care experience <----------->no experience	A3,D2			
A1,B,D1		B1,2,D1	A1,A2,B1,2,C,D1,G	no ambitions to move <---------->want to move on	D2,E,F	D2,C	A2,C	A2,C,D2,E,F,G1
A,B,D2,E		D2	A1,A2,C,D	assessor unsure <-------->assessor knowledgeable	F,G	G1		
A1,B2,E	C	B2,B1	A1,A2,C,B,G2	resentful,feel thick,no interest<--------->motivated,enthusiastic	D,E,F,G1,D1	D2,G1	A2	A2,F,G1
A1,B2,C,E	E	B2,C	A1,A2,C,G2	guilty,it's my fault <---------->not guilty, assessor's fault	A1,2		A1,2	A
A,B			A1,A2	useful for youngsters <--------> not for youngsters			A1,2	
A,B,		B2	A1,A2,B1,2,C,G2	not learning anything <-------->learning a lot	D1,G1,E,F	G1,C(a little),F		F,G
	A,B,			no change in practice <---> increased reflectivity				C,D,E,F,G
				recognition not important <-------> would be good to get recognition	A1,2,C,D,E,F,G		A2	
				Increases motivation <-----> decreases motivation				
A,B,C,D,E,F,G				regular progress by candidate <--------> slow progress				A,B,C,D,E,F,G
A,B,C,D,E,F,G				candidate understanding standards <----> candidate not understanding standards				A,B,C,D,E,F,G
A,B,G				assessment centre support <---> asessment centre poor support/info.				A,B
A,B,C,D,E,F,G				regular assessment<--->gaps in assessment due to annual leave,holidays,shifts etc				A,B,C,D,E,F,G
A,B,C,D,E,F,G				streamlined recording system <---> complex,paperbound system				
A,B,C,E,F				progression pathway for candidates <--> flat structure and staff turnover				A,B,C,E,
A,B,D				assessor needs to push <---> asssessor not pushing NVQ				A,B,D
	A,C,D,E,F			syllabus or targets (feel their own NVQ) <--> dependency on assessor for progress				A,B,D
B,C,D,E,F				enough staff to allow time out <----->not enough staff				B,C,D,E,F,G
	D,E,F,G			promotion/ambition <--> want to leave care altogether				B1,B2,C
				wants to leave the NVQ programme	A,B	C		E
	F,G			enjoyable/satisfying <--> not enjoyable				A,C,D2

Round 4 (june-july)	Round 3 (april-may)	Round 2 (jn-march)	Round 1 (oct-dec)	Parameters	Round 1	Round 2	Round 3	Round 4
E,F		F	F	NVQ culture <----------->no NVQ culture	E	E	A,B,D	A,B,G
E,F		E	A,D,F	organisation has adopted NVQs <--->organisation not committed	B	G		A,B,G
F		C,F		candidates share <------>unaware of other candidates or unable to meet	B,	B,E		
C,D,E,F	D	C,F		workplace support <------>animosity from others	E	E		
A,C,D,E,F,G	A,D	A,C,D,F,G	A,C,D,F,G	motivation for adopting NVQs workplace driven <------->imposed by external policies	B,E	B,E		
F	D,F	F,G	F,G	Understand NVQ system <----------->cannot understand system		A,B,C,D,	A	A,B,C,D,E,G
F	F	F,G	B,C,D,F,G	OK with systems <------>confused by system	A,	A,C,D,E,	D,E,A	A,B,C,D,G
G		G	C2	Not applicable to our workplace <----->needs changing for candidates	B	B	A	A,B,C,G
D,E,F	D,E,F	C,D,E,F,	C,E,F	follow AB guidelines <------->modified to suit working arrangements	A,B,G	A,B,G	A	A,B,C,G
D,E,F			C,D,E,F,G	proactive planning <----> no planning up front	A,B	A,B,C,G		A,B,C,G
			A,B,C,D,E,F,G	natural observation used <---> no natural observation planned/retrospective only		A,B,C,G		
				sufficiency and depth difficult		A,C,D,E		
			B1,D,E,F,G	using diverse evidence<---> only using direct observation	A,B2,C,			
			C,D,E,F	value base referenced throughout<---> no reference to value base until end of NVQ	A,B,G			
			C,D,E,F	cross referencing time consuming<---> tend not to cross-reference	A,B,G			
A,B,C,D,E,F,G	A,D,E	A,B,C,E,	A,B,C,E,F,G	Assessor led <--------->candidate led	B1	B1,G1,F	A,F	B1
			C,E,F	I.V. supportive <-------->I.V. messages confusing/lack support	A,B,G	E	A,D,E	
				NVQ good if it works			A,G	
				Candidate doing wrong NVQ level			C	
				Very repetitive/too fragmented	A,B		G	
D,F,G		D,F,G	F,D	Used as workplace standards tool <----------> a personal tool				
			D,F,G	NVQ used for workplace procedures/standardising workplace practice				
C	A	A,B,C,	A,B	no difference to practice - already high <---->increased reflectivity	F	C,D,E,F,G		A,C,D,E,F,G
		B(thought it might)		used for contracting <---> not yet	A	A,B,C,D,E,F,G,		
	A,D,E		A,B,C,D,E	Assessor role difficult <---------> straightforward		F,G		
A,C,D,E,	A,D,E	A,C,D,E,	C1,E	lacks confidence(if gap) <--------> confident	F,G	B,F,G,	F,G	F,G
				lacks UPK <---------> knowledgeable	F,G	A,B,C,D,E,F,G		F,G
B,C,F,G	A,D,E	A,B,C,E,F,G,	B	invests lots of own time <----------> no extra time outside workplace		D,E,		
A,E,F,G	E,F,G	E,F,G		rewarding role <-------> no reward		C,		
	A,D,E	A,B,C,D,E,F,G	C1	feel guilty if you don't do it <---->want to do it		F,G		F,G
A,B,G	A	A,B,C,E	C1	feel misled about the role <----> informed correctly about the role		D,F,G		F
C		C,	C1	candidate patronised <---->useful for candidate		D,E,F,G	A	A,D,E,F,G
			A,B	don't meet regularly for standardisation <--->standardise regularly	C,D,E,F,G			
	E			feel thick/need support				
			A,B,C, D,G	no remission for assessor role <---> remission given	E			

Round 4 (june-july)	Round 3 (april-may)	Round 2 (jn-march)	Round 1 (oct-dec)	Parameters	Round 1	Round 2	Round 3	Round 4
				credibility of national qualification <----------->sceptical of credibility	B,G	G		
				standards poorly designed	A,B,C,E,G			
				unable to standardise practice across centres	A,B,F,G	G		A,B,F,G
				difficult to standardise in local centre	A,B			
A,B,C,D,E,F,G			A	judgements subjective <----> objective				
				sufficieny of evidence easy <----->difficult	A,C2			
			A,B	ABs should provide national tools <-------->local development				
A,B,C,D,E,F,G			A	judgements depend on maturity and experience of candidates				
			B,E	TDLB useful to assessor role<-----> no use/confusing/extra work	A,C,D,F,G	C	E	E
			A,B,F	useful marketing tool <----->no use				
				NVQ/TDLB variations across ABs and centres	G	B,G	A	A,B,F,G
				changing paper work leads to more work			A,B,E	
				Assume UPK done in college			A,B	
				wrong information given by assessment centre e.g. level of candidate's NVQ				A,B,G
				lack of transferability		B		

Round 1	*Parameters*	*Round 1*
B,G,E,F	**expensive <-----> good value**	D
C,E,F,G	expense limits others investing in NVQs	
A,B,D,E,F,G	time needed to cover limits others doing NVQ	
B(thought it might)	**needed to invest for contracting <----> not needed**	A,B,C,D,E.F,G
D,F	NVQ useful induction tool <------> no use	A,B,C,E
F,D,G,A,E,C	**effective to invest in training <---> staff poached**	B,E
F,A,E	to be expected <--->staff turnover off putting	B
F,A,C,D,E(one off)	**Financial recognition <----->no recognition promised**	B,G
A,C,F	recognition improves motivation<-------->makes no difference	
C	feeling need to recognise progress limits level offered	
C	need to balance financial recognition with productivity of other staff levels	
	recognition inappropriate as flat pay structure	B,E
	flat pay structure unfair on experienced workers	E,
A,D,F	will offer increment <---> no increment will be offered	B,C,E,G
	one off small payment on completion	E,
F	**status recognition <-----> no status recognition**	A,B,C,D,E,G
B,E,F,	**Impose restrictions <-----> none imposed**	D,G
C,D	may ask to stay on	D,G
B,E,F	pay back if leave<----> not appropriate to impose on staff	A,C,D,G
E	pay back leads to losing staff	
	Subsidies<----->no subsidy	A,B,C,D,E,F,G,
A,B,F,G	**Candidates pay something<--------> no cost at all**	C,D,E.
A,B,G	Staff asked to pay for part of certification only <-------> no investment asked	C,D,E.
F	Nominal amount	

PROTOCOL **APPENDIX C**

Background

My name is Marion Dunlop and I'm a full-time (mature!) research student at the Open University. I have received a grant for three years to study NVQs in Care. My background was in nursing originally followed by management in the voluntary sector and teaching social care in further and adult education. I am an assessor and verifier for Care so I am familiar with the Care Standards and organisation of the Care NVQs. My interests in the Care sector are outlined below:

RESEARCH OUTLINE

TITLE: ***Factors affecting progress for Candidates undertaking NVQs in Care***

The research involves trying to identify reasons behind the slow progress for candidates undertaking NVQs in Care which is a national problem.

The first part of my research has involved me surveying candidates in one assessment centre to determine the factors they considered important to their progress. From this, a small group of assessors and candidates are being studied over a year to follow their rate of progress and to determine any factors that might be slowing their progress. A selection of workplace managers and assessment centres have been interviewed also.

The main areas identified so far relating to the speed of progress include:

- Resourcing of assessment time in the workplace
- Identifying appropriate assessors and giving them the skills and confidence to interpret the standards
- Standardising the process and interpretation across numerous assessment centres
- Nationalising the quality of the NVQ

Main study

For the next part of the work I would like to carry out an in-depth study of a number of workplaces over the period of a year. The workplaces will vary in size and number of assessors and candidates but I hope to concentrate on residential homes with level 2 Direct Care candidates because small workplaces may experience different problems to larger establishments.

Ideally I would like to get to know some Homes that have no problems and some that are finding the process a little difficult. Workplace managers and internal verifiers will be interviewed occasionally but not on a regular basis. I would expect that this would be no more than three times over the year.

Confidentiality

The information for the study will be obtained by observation, diary accounts and interviews. ***Confidentiality will be assured throughout the study.*** No-one will be able to see the information regarding someone else. Permission will be sought from everybody involved with the study before I begin to interview and you will be free to withdraw at any time.

All transcripts of the information given to me will be available to the individuals for their inspection if they wish. No person or workplace will be referenced by name and the material will remain confidential. At the end of the research I will be writing a thesis for my examination but no individual or workplace will be identified. Any reference in the thesis will be by 'workplace A, B, C, etc.' and likewise personnel.

Access

To make the research useful I need to have regular access to the candidates and assessors in the workplace and access to support meetings, networks, standardisation and training within the assessment centre. This will allow me to understand how the process works for you and any particular issues that lead to problems or assistance with progress can be understood.

In return for access, I am happy to provide support and advice if the assessment centre is willing and the details will follow the guidelines issued by your own assessment centre to avoid confusion. However, I will not take over the role of the internal verifier. Your workplace will not be able to access the confidential material but at the end of the study a summary of the main findings and recommendations will be made available to the workplace and the assessment centre if the people being studied are in agreement.

A research agreement will be offered to everyone involved to ensure confidentiality.

THERE WILL BE NO COST TO THE WORKPLACE OR ASSESSMENT CENTRE

I would be very grateful if you would consider allowing me access to your workplace. I have a few years experience of supporting candidates undertaking NVQs in Care and hope that we might all benefit in the long run. Please contact me if you would like further information or if you would like me to visit to explain anything further.

My address is:

Home phone no.

Marion Dunlop

School of Education

Open University

Walton Hall

MILTON KEYNES MK7 6AA

Agreement for main study - assessor/candidate **APPENDIX D**

Dear Tel.

Thank you for offering to be part of the research on candidates' progress. The study will form part of my thesis for a postgraduate degree on the factors affecting progress for candidates undertaking NVQs in Care.

All people involved with the NVQ in your workplace - the owner/manager, assessment centre, assessor/candidate and internal verifier have been given details of the study and are willing for the study to go ahead.

This agreement sets out the key points of the study. If you are happy with these I would be grateful if you could sign the sheet at the appropriate place.

- Confidentiality will be maintained at all times. Despite the workplace agreeing to the study no-one will not be able to obtain any information which you give to me. Likewise assessors and candidates will not able to see any information given by each other. Any publications relating to the findings will not mention the workplace or any name. References will be by Candidate A, Workplace B etc.

- I am not visiting as an internal verifier. However, any concerns can be passed on to the verifier but only with your permission. I have been briefed by the assessment centre so therefore I will be able to give advice and appropriate information.

- The study will involve me watching assessment practice, asking you to keep simple diaries between visits and confidential interviews. The interviews will be taped with your permission and then typed up later. You can see your own 'transcripts' at any time you wish.

- If you decide that you don't want to be part of the study any longer, you are free to withdraw at any time. I'd be grateful if you could let me know so I don't bother you unnecessarily.

- Any general findings and recommendations will be available to all involved at the end of the study period which will be between 9 to 12 months.

I hope to interview the workplace manager and internal verifier about three times over this period and will make regular contact with assessors and candidates more frequently by visiting and phoning. The visits will vary depending on the convenience to you but I would hope to be in touch every few weeks and visit at least every 4 to 8 weeks depending on distance and need. I hope this clarifies any concerns. Please phone me any time at the above number. If you are willing to be part of the study please sign below. Thank you again for your help.
Marion.

Signed:_____ Date:_____

APPENDIX E

Candidate Review 1 (Main Study 1996) - (CONFIDENTIAL) Interview schedule

(Explain - This questionnaire is the first part of the study which will be carried out over the next year. Thank you for agreeing to take part).

About Yourself

Name _____

Workplace _____

Job Title _____

Type of organisation

- Trust ❑
- Social Services ❑
- NHS Trust ❑
- Voluntary Sector ❑
- Private ❑
- other_____

Level and title of the NVQ you are undertaking (e.g. Level 2 Direct Care) _____

When did you register for your NVQ? (month, year) _____

Q1a Age of client group (years) with whom you work

a) 00 - 07 ❑
b) 08 - 12 ❑
c) 13 - 19 ❑
d) 20 - 65 ❑
e) 65+ ❑
f) other ❑ explain_____

Q1b Type of client group with whom you work

a) Day unit ❑
b) Special Needs ❑
c) Mental Health ❑
d) Community Base ❑
e) Terminal Care ❑
f) Learning Disabilities ❑
g) Residential ❑
h) Nursing ❑
i) Other (explain below)

_____

Q2. **Do you work**

a) Full - time ❑
b) Part - time (record no. of hours and days / week) ❑

_____

_____

c) Shift work ❑
d) night work ❑
e)Combination of above ❑
f) Mainly on your own ❑
g) In a unit ❑
h) On community ❑
i) Other (explain) ❑

Q3 Did you attend a candidate study day ? Yes ❑ No ❑

Q4 Has this been useful in assisting with your NVQ ? Yes ❑ No ❑

Explain _____

_____

_____

Progress

Q5 Have you started being assessed yet? Yes ❑ No ❑

If not, what is the reason ? _____

_____

_____

_____

Q6a How many units have been verified by your internal verifier? _____

b Which ones e.g. Z6 ? _____

c How many units are complete but have not been verified yet? _____

d How many units remain to be completed? _____

e Which units did you start working on? Endorsement ❑ Core ❑

Q7 How long do you think it will take to complete your NVQ?

a) 6 - 12 months ❑
b)12 - 18 months ❑
c)18 - 24 months ❑
d) > 24 months ❑

Satisfaction

Q8 Are you satisfied with your progress? Yes ❑ No ❑

If not, explain below _____

Distance from the assessor

Q9 Which statements describe your experience :

a) Work mostly in sight of the assessor ❑
b) Assessor is also the supervisor ❑
c) Assessor is a member of the same organisation but based at another site ❑
d) Assessor is peripatetic and generally available when called ❑
e) Assessor is peripatetic and generally **not** available when called ❑
f) Assessor and candidate are often on different shifts ❑
g) Assessor and candidate are divided by day / night shift ❑

Explain any methods used to overcome above? _____

Frequency

Q10 How often do you meet with your assessor?

a) weekly ❑
b) fortnightly ❑
c) monthly ❑
d)other(explain) ❑

_____

Q11 How much time (per week) are you spending on any task related to your NVQ e.g. planning, observation, feedback and writing up evidence ? _____

Q12 How much time per week do you think your assessor spends on NVQ work per candidate? _____

Methods used

Q13 What methods of assessment are used the most? _____
(natural observation, oral and written questioning, _____
end-product observation, assignments, _____
simulation/role-play, APL, explanation of process, _____
testimony of others) _____

Q14 What other methods have you used? _____
_____
_____
_____

Feedback

Q15a Does feedback follow observation
- a) always ☐
- b) sometimes ☐
- c) never ☐

Q15b Is the feedback
- very useful? ☐
- useful? ☐
- not useful? ☐

Explain : _____
_____

Q15c Do you think your assessor would benefit from further training in feedback techniques?
- Yes ☐
- No ☐

If yes, in what way? _____
_____

Administration

Q16a Who writes up the evidence after an assessment?
- a)You ☐
- b)The Assessor ☐
- c)Another witness ☐
- d)Shared between you and your assessor ☐

Q16b Are you happy with this arrangement?
- Yes ☐
- No ☐

If not, explain _____
_____
_____

Cross-referencing

Q17a Who carries out the cross-referencing of evidence?

- a) candidate ❑
- b) assessor ❑
- c) both ❑

Q17b How much time is spent on this activity each week ?

- a) no time ❑
- b) less than 1 hour ❑
- c) less than 2 hours ❑
- d) other (explain) ❑

_____

_____

Value-base

Q18 Are you happy about referencing the *'value - base'* in :

a) the write up of observation and questions and answers? Yes ❑ No ❑

b) on log sheets? Yes ❑ No ❑

Explain _____

_____

Difficulties

Q19 Do you have any worries about the following :

- a) understanding the records of Assessment documents ❑
- b) understanding the assessment process ❑
- c) knowing how to plan for assessment ❑
- d) finding time ❑
- e) organisational problems ❑
- f) information needs ❑
- g) other? ❑

(Expand on any positives) _____

_____

_____

_____

_____

Time

Q20 Are you given regular time for NVQ work in the workplace Yes ❑ No ❑

If 'yes' how much time each week do you get

a) with your assessor _____

b) on your own _____

Q21 How much time do you spend on your NVQ each week:

a) at work _____

b) at home _____

Workplace

Q22 In what way has the workplace changed at all because of NVQs? Explain. _____

Q23 In what way, if any, is your progress affected because workplace policy/ procedures are changing to come in line with NVQ standards? Explain _____

Benefits

Q24 What benefits (if any) do you feel result from your NVQ involvement? (please explain)

a) for yourself _____

b) for the workplace _____

c) for the client group _____

d) other (explain) _____

Knowledge

Q25 How are you meeting the underpinning knowledge (UPK) requirements?

a) from past knowledge, understanding and experience ❑

b) from books, other resources and distance learning materials ❑

c) from courses provided by (get details) ❑

_____

d) from the Assessor ❑

e) other (explain)_____

Q26 Are any units posing a problem with UPK? Yes ❑ No ❑

Explain _____

Support Systems

Q27 What one thing would help you to progress/succeed with your NVQ? Explain _____

Q28 What support in the workplace would assist you ? _____

Q29 Do the following groups of people in the workplace support the NVQ activity

a) team leaders/supervisors? Yes ❑ No ❑

b) your colleagues? Yes ❑ No ❑

c) workplace managers? Yes ❑ No ❑

Explain _____

Q30 Are there any other candidates or assessors in the workplace? Yes ❑ No ❑

Q31 Has this been

a) useful ❑

b) worrying ❑

c) off-putting? ❑

Explain. _____

Finance

Q32a Did you pay anything towards the NVQ? Yes ❑ No ❑

If so, what? _____

Q32b If not, who is paying for your NVQ? (explain) _____

Q33 If your employer has sponsored you, is there any arrangement for you

a) to complete within a set time Yes ☐ No ☐

(explain)_____

b) to pay back money if you do not complete? Yes ☐ No ☐

(explain)_____

c) to continue working for them after completion for a set time period? Yes ☐ No ☐

(explain)_____

d) to receive recognition once you have qualified? Yes ☐ No ☐

(explain)_____

Training

Q34 a) Where did you receive your candidate induction? _____

b) How long did it take? _____

c)Did it prepare you for the NVQ? Yes ☐ No ☐

(explain)_____

Q35 What would you like to change about your experiences of NVQ so far? (explain)

_____

Q36 With your experiences of being a candidate would you choose to undertake the NVQ again? Yes ☐ No ☐

Personal Information

Q37 Age range
- a)16 - 21 ❑
- b) 22 - 25 ❑
- c) 25 - 30 ❑
- d) 31 - 35 ❑
- e) 36 - 45 ❑
- f) 46 - 55 ❑
- g) >55 ❑

Q38 Gender
- a)Male ❑
- b)Female ❑

Q39 Previous qualifications
- a) none ❑
- b) GCSE /'O' level ❑
- c) 'A' level ❑
- d) Diploma/Degree ❑
- e) other (explain) ❑

Q40 What made you decide to work in the care sector?

_____
_____
_____
_____
_____

Q41 How long have you worked in the care sector? _____

Q42 How long have you worked in your present post? _____

Q43 Did you choose to do the NVQ?
- Yes ❑
- No ❑

If 'no' please explain why you are doing it

_____
_____

Q44 How easy is it for you to do extra work for your NVQ at home?
- a) easy ❑
- b) OK sometimes ❑
- c)difficult (explain) ❑

_____
_____
_____

Q45 Do you hope to use your qualification to further your career?
- Yes ❑
- No ❑

If 'yes' please explain your plans _____
_____

(Thank. Explain next visit. Diary sheets. Emphasise able to contact me if any worries)

APPENDIX F : 1

Continuing assessor. Main Study - Third visit

Interview schedule

1. How have things been going since we last met?

2. Have you completed any more units?

    a) Which ones?
    b) How often are you meeting for NVQ work?

3. Were you involved in choosing the endorsement and level of your candidate's NVQ?
    a) If not, who chose it?

4. What would have made the role of NVQ assessor more satisfying for you?

TASK

(use the checklist to monitor familiarity with the standards)

'When we last met we discussed that at this meeting I would like you to show me how you find your way around the standards so I can see how the centres vary in their approach. I've brought level 2/3 standards with me or we can use your own if you wish. I'll ask you some questions and I'd like you to show me where you would find the information.

After this I would like to see your own candidate's portfolio if you are happy for me to see it. All the names and contents will be kept confidential. I'd be grateful if you could talk me through your assessment centre's system'

(see Appendix F:2 checklist sheet)

End session

General review and confirmation of findings.
Permission for fourth visit

Checklist for standards examination

APPENDIX F : 2

CHECKLIST	SURE	UNSURE	COMMENTS
Can you show me where you could find details of all the endorsements available at level 2 (3) in this folder?			
Where would you find the core units?			
Where would you find the endorsement units?			
Choose a unit. Tell me how you go about finding out what is required to complete the unit?			
Reads the whole unit first?			
Uses planning sheet to decide common areas between elements?			
Reads performance evidence?			
Reads range?			
Reads performance criteria?			
Reads knowledge statements?			
Aware of 'O' unit?			
Logging 'O' unit on evidence?			
Completes checklist for range?			
Completes checklist for PCs?			
Completes checklist for UPK?			
Understands performance specification sheet?			
Cross-referencing to other units?			

(S-SURE U-UNSURE)	A	CA1	CA2	CA3	B	CB1	CB2
Endorsement details	S	s	u	s	s	s	u
	BUT only for direct care. Not read other endorsments.						
Core units	s	u	s	s	s	s	u
		by luck 'God knows'					
Endorsement units	s	u	u	s	s	s	u
Difference between them	not sure of diffce. 'Core less practical - legal plus O unit'. Endorsements-more practical everyday activities	doesn't know difference between them	doesn't know difference between them	doesn't know difference between them	defines as core common to all	definition - endorsements practical core more knowledge	became threatened and refused to continue
(Accessing Unit)							
read whole unit first	s	u	u	u	no	no	
				only the front unit sheet	apart from UPK leaves until end	element at a time	
Use planning sheet to determine commonality across unit	no planning sheet used in centre - asked for copy like ones in JAB recommendation	u	u	u	uses own system, centre doesn't have a planning sheet	does own checklist only	
		no planning, assessor leads	no planning, assessor leads	no planning assessor leads			
read performance evidence	s	u	s	u	s	s	
read range	s	s	u	u	s	s	
read PCs	s	s	u	u	s	s	
						reads first and feels UPK usually covered if these are	
read knowledge statements	u	u	u	u	s	s	
	assessor reads - candidates ignore	there is an NVQ workbook that we can read			at end of unit to fill gaps though realises it would be useful at beginning	identifies gaps herself, discusses with assessor no record of questions but oral Qs circled on spec sheets	
aware of O unit	u	u	u	u	s	s	
	not logging yet	nothing said about it so far	nothing said about it so far	nothing said about it so far	references on PCs as opposed to active O unit observation of practice		
logging O unit on evidence	no	u	u	u	no	u	
					beginning to do so	assessor does	
complete checklist for range	s	u	u	u	s	s	
	list of evidence				spec. sheets		
complete checklist for PCs	no	u	u	u	s	s	
	only as go along on sheet						
complete checklist for UPK	no	u	u	u	no	none	
					not needed so far, general comment sufficient	informally herself	
understand performance spec sheets	s	u	u	u	s	u	
					perf. evidence needs to be looked for in listings	assessor does	
cross reference to other units	s	u	u	u	no	u	
	but no easy system to allow this				small amount of writing so just write out relevant bits in unit sheets	share with assessor	
Comments	*writes evidence in each unit rather than use one piece of evidence and log number into other units Expects AC2 to lead her own NVQ Uses pool of Q&A given by NHS-based friend for UPK*	*totally disinterested and unaware of NVQ process. Assessor tells them how many occasions or no. of clients etc. Just follows instructions*	*no planning used, not using Xref info. before starting. Unaware of standards - not reading them first. Assessor leads or observes without telling. Written questions given out before assessment for completion*	*not encouraged to read standards, no planning, no discussion of O unit given yet Sees no relationship between college course and NVQ*	*logging system very simple and short. Good if you can trust the assessor to do it properly. Much faster However no record of questions or UPK cover apart from general comment that discussed. Again variations between EVs if this is the case.*	*writing evidence for element A and B separately. Z8b logged by PC rather than scenario. Uses case studies and observation covered by old care practice. Assessor ticking off TDLB observation that wasn't done! Feels level 2 candidates having same short-cuts*	*completely assessor led. Reviewed standards two days before I visited! Very threatened and anxious about the whole thing. Objected to process and I had to stop. Supportive reassurance after. Mega-guilt about it all from her.*

(S-SURE U-UNSURE)	C	CC1	D	CD1	CD2	E	CE1
Endorsement details	s	u	s	s	u	s	s
Core units	s	s	s	u	s	s	u
				needs prompting			thought O unit was core
Endorsement units	s	s	s	u	u	s	u
Difference between them		the core units are the UPK and the endorsements are the practical evidence	knows difference	needs prompting	does not know difference		
(Accessing Unit)							
read whole unit first	s	u	s	s	s	s	s
Use planning sheet to determine commonality across unit	u	u	s	s	s	reads all, plan whole unit then action plan for 1 element at a time	u
	opportunistic.Go back afterwards. Candidate bright	fill in planning afterwards as use opportunistic usually					
read performance evidence	s	u	s	s	u	s	u
					found it eventually		
read range	s	u	s	s	u	s	s
read PCs	s	u	s	s	u	s	s
read knowledge statements	s	s	u	u	u	s	s
		reads these first	using PCs for UPK				asks Assessor where there are gaps
aware of O unit	s	u	s	s	u	s	sort of
logging O unit on evidence	s	u	u	s	u	s	s
				encouraged to log as go along			
complete checklist for range	s	u	s	s	u	s	s
		try to do together					
complete checklist for PCs	s	u	s	s	u	s	s
complete checklist for UPK	s	u	u	u	u	not logging only general	u
understand performance spec sheets	s	u	s	s	u	s	u
cross reference to other units	s	s	u	u	u	s	u
		trying to get used to it					haven't got a clue'
Comments	*Reports candidate has finally decided to give it a proper go and try and complete 13th June'97 informed about financing problems and possible shutting of assessment centre*	*trying to pick up on areas since she first started. Still not motivated to do the NVQ with everything else going on. Asks for reassurance frequently*	*not active so gaps in knowledge*	*just trained as assessor plus gaps in assessment time so lack of confidence*	*no assessment carried out at all so unfamiliar with standards apart from intro. at candidate induction*	*using IV's checklist. Planning arrangements confusing candidate. Discussed with assessor with permission from candidate.*	*reading spec as 3+3+3 for elements A,B,C. Not aware that they can be the same people!*

(S-SURE U-UNSURE)	F	CF1	CF2	CF3	G	CG1	GC2
Endorsement details	s	u	u	u		s	
Core units	s	s	s	s		s	
Endorsement units	s	s	s	s		s	
Difference between them		don't know difference	don't know difference	don't know difference		forgot the difference	
(Accessing Unit)							
read whole unit first	s	s	u	u		u	
		only one who looks at whole	reads one element's PCs	reads one element's PCs		element at a time	
Use planning sheet to determine commonality across unit	s	u	u	u		u	
						does 3+3+3	
read performance evidence	s	u	u	u		s	
					reports 'as told by centre'	element at a time - doesn't Xref across unit	
read range	s	u	u	u		s	
read PCs	s	s	s	s		s	
read knowledge statements	s	s	s	s		s	
aware of O unit	s	s	s	s		s	
		only introduced 2 months ago	only introduced 2 months ago	only introduced 2 months ago			
logging O unit on evidence	s	u	u	u		s	
						is now level 2 left it to the end	
complete checklist for range	s	u	u	u		u	
complete checklist for PCs	s	u	u	u		s	
						assessor does this on the page of candidate's diary evidence	
complete checklist for UPK	s	u	u	u		u	
					assessor confirms candidate's comments	assessor checks diary evidence then asks Qs to cover gaps. General	
understand performance spec sheets	s	u	u	u		s	
cross reference to other units	s	u	u	u		u	
						hasn't done at all	
Comments	*assessor has designed system for this assessment centre. Very familiar with standards so able to cross-reference easily. However this confuses candidates who do not complete a unit at a time but dabble with a number at the same time with action plans*	*assessor does all the cross referencing. Candidates don't feel they have overall picture of where all fits together despite rapid progress. Feel assessor thinks they have more of a grasp than they really have.*	*assessor does all the cross referencing. Candidates don't feel they have overall picture of where all fits together despite rapid progress. Feel assessor thinks they have more of a grasp than they really have.*	*assessor does all the cross referencing. Candidates don't feel they have overall picture of where all fits together despite rapid progress. Feel assessor thinks they have more of a grasp than they really have.*	*unable to interview because of her workload.*	*explains comments on repetition from both of them. Advised to contact assess. centre manager and get briefed in new paperwork and system before starting level 3. Need to cross-reference and plan a unit at a time. Assessor phoned and issues discussed*	*not active*

Continuing assessor - Fourth Visit. **APPENDIX G : 1**

(Review diary sheets)

Interview schedule.

1. How have things been since we last met?

2. When a candidate presents evidence to you, how do you judge whether the evidence is sufficient?

3. How do you decide whether a candidate is competent? (prompt if needed - What other factors, if any, do you take into account?)

4. In what ways do your expectations of competence change depending on the age, experience and your own past knowledge of a candidate? (Present as a scenario)

5. In deciding if a candidate is competent, in what way, if any, are you influenced by past observation and knowledge of how s/he works?

6. How do you decide the level of UPK expected? Again would your expectations vary between a 16 year old and a mature, experienced worker?

7. How often do you use natural observation within a unit?

8. Is 'planning' a regular occurrence relating to NVQ work? What do you do to make assessment/planning etc. a regular occurrence?

9. How would you introduce a new candidate to the standards? (Or would you lead them and avoid the standards altogether? Assessor led?)

Review progress in comparison to questionnaire one.
Thank for participating in the study.
Offer time to reflect on the process and any outstanding questions.
Has the visiting regime been of use? Is there a place for something similar in the NVQ process?

questions	A	B	C	D	E	F	G
judging sufficiency	against standards	against standards Level is difficult though isn't it?	direct observation	standards	standards, witness, observation	standards, experience Training as well as basic assessment	unable to see
competence - other factors?	experience	observation/discussion You've got to see what they're doing and discuss what they're doing You can't do it without observation		observation/witnesses	when I feel they can do it on their own I work with them then pop in and out 'Gut feeling'	standards + own quality indicators	
expectations change with age, experience and own knowledge of candidate?	yes	standards have got to be there They shouldn't be higher because they're older The client shouldn't have to put up with lesser care if younger The difference is that I wouldn't give the youngster as much responsibility	yes it would vary	standards can't change but the evidence presentation and questioning may be more	younger need more time - value base	yes	
past observation and knowledge affects decision?	yes	yes if I'm to be honest I shouldn't but I would be - it's human nature	yes definitely Don't do assessments properly as I've seen her do it before If interrupted by another client I know how she works so don't worry about seeing 100% of the activity	yes	it's easier in many ways if I don't work too closely with them Otherwise I know that what I see isn't the way they would necessarily do it normally It's a bit fake at times	yes	
expectations of UPK vary with age, experience?	yes	shouldn't be if I'm working to the standards but I would be due to their life experience	yes	yes	yes	yes	
frequency of observation per unit	no rule from the centre	no rules, depends on candidate Most done on observation They don't like being watched Used to do formally, now I don't say any more As I get to know the pink book I'll say '*that can go in your NVQ*'	all observations so far	all observation so far	when a unit is completed I don't observe again but I do pop in and out to monitor continuity of practice in completed unit	> 1 per unit More like 2/3 a unit	
planning a regular occurrence?	no	no	sort of but general and then go back to the standards after observation Difficult to plan ahead	if we're active but no time at moment	planning is the most important part It goes to pot otherwise	yes	
assessor-led or candidate led?	assessor-led to stop putting off the candidate	depends on confidence of candidate Still needs to be assessor prompted Never happen otherwise	assessor-led Too much for a candidate	assessor	we've started in-house training weekly Staff are being trained to NVQ standards even if they're not aware of it Should speed up assessment when they start Older ones still not interested but hoping that they'll change practice or they'll look stupid	assessor led initially but induct candidates to the system as soon as possible	

APPENDIX H

Interview schedule for Workplace Managers

Why NVQs?

1. Why did you decide to adopt NVQs for staff training?

2. What main advantages were identified for the organisation at the time of the decision?

3. In what way, if any, do you feel these expectations have been met?

4. Do you think the NVQ offers any advantages for the individual?

5. Does the adoption of NVQs affect contracting arrangements in your experience?

6. Do you see any disadvantages in investing in NVQ training?

7. Do you give any form of recognition to candidates who complete?

8. Why do you think other organisations have not adopted NVQs?

Financial arrangements

1. Do you have any assistance from central government in financing the training programme?

2. How do you resource the programme?

3. Do you ask the candidates and assessors to contribute financially towards the qualification?

4. In what way would take-up and/or progress be affected in your organisation if they had to pay something towards the qualification or were better paid when they qualified?

5. Are there any restrictions on candidates to ensure completion e.g. completion date, pay back for non-completion, staying on period after completion ?

6. If not why have you taken an open, flexible approach?

Selection of Assessment Centre

1. Why did you choose the centre that you are registered with?

2. In what ways, if any, would you change the service it offers?

Selection

1. What are the criteria for the selection of assessors and candidates?

2. In what ways do you try to provide equal opportunities for different categories of staff e.g.
   a) full-time and part-time staff
   b) male and female staff
   c) day duty and night duty

Standardisation

3. How do you support candidates and assessors?

4. Have any difficulties arisen in standardising assessment practice within the organisation?

6. In what ways could the assessment centre improve its standardisation procedures?

Assessment

1. What arrangements have been made in the workplace to allow assessment to take place on a regular basis?

2a. Have you experienced any problems with the implementation of these arrangements particularly for part-time and night shift workers?

2b. What plans, if any, do you have to overcome the time issues in your workplace?

Progression

1. In what ways do you expect the candidates and assessors to use their NVQs to benefit
   a) the workplace
   b) themselves

2. Do you feel the NVQ is a valuable qualification?

3. How does it compare with the qualifications offered previously?

4. Do you have any concerns about the NVQ?

5. What would you like to see changed with the system?

6. Do you envisage the organisation continuing to support an NVQ programme?

7. If not, what alternative arrangements might be introduced?

8. How might rates of progress be improved within your organisation?